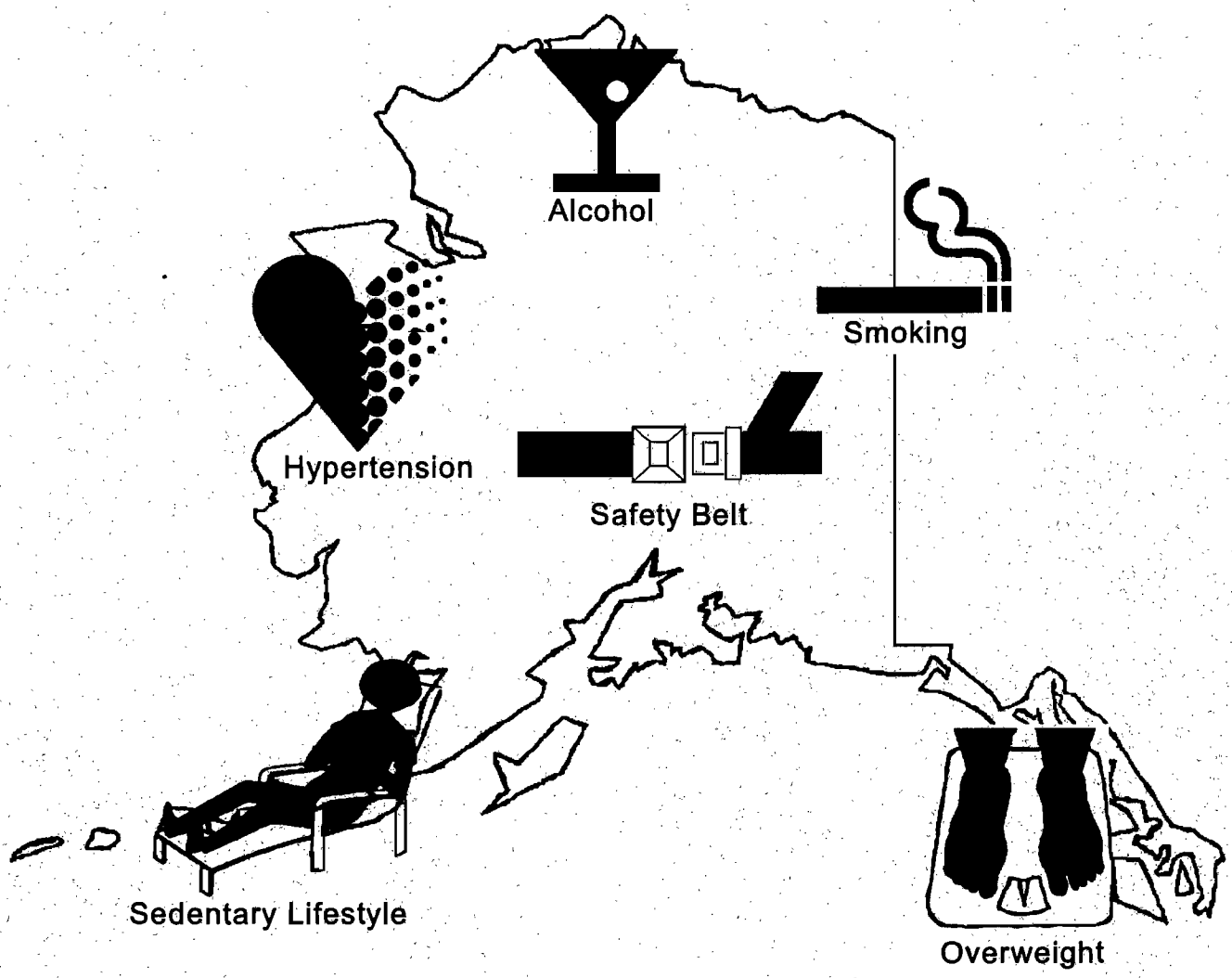
Alaska 1992 Behavioral Risk Factor Survey



Alaska Department of Health and Social Services

ALASKA BEHAVIORAL RISK FACTOR SURVEY

1992 Annual Report

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Finally, special thanks goes to the people of Alaska who participated in this survey.

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National Year 2000 Health Objectives, along with background information pertaining to the health risks as reported in this document are found in Healthy People 2000, National Health Promotion and Disease Prevention Objectives; U.S. Department of Health and Human Services, Public Health Service, DHHS, Publication No. (PHS) 91-50212

TABLE OF CONTENTS

TABLE OF CONTENTS - *continued*

INTRODUCTION

In recent years, both health professionals and the general public have shown increased interest in how behavioral changes can reduce a person's risk for developing health problems. This interest results from growing evidence that lifestyle strongly influences health. Behaviors linked to health problems are referred to as behavioral risk factors, and they include such things as cigarette smoking, being overweight, alcohol use, having a sedentary lifestyle, not using seat belts and more.

Behavioral risk factors are associated with the ten leading causes of death in the United States and Alaska. Many chronic diseases (such as heart disease, cancer and diabetes) and premature deaths could be prevented through better control of these behavioral risk factors.

Data on behavioral risk factors are necessary for formulating intervention strategies, justifying resources to support these strategies, and proposing new policies or legislation. Surveillance of behavioral risk factors allows us to monitor trends in health behavior and particularly enables us to measure progress toward reaching the "Healthy People 2000, Health Promotion and Disease Prevention Objectives" for the nation. It can also provide the basis for launching and evaluating programs designed to reduce the prevalence of unhealthy behaviors and attain Year 2000 health goals.

Since 1981, the Centers for Disease Control and Prevention (CDC) has helped states survey adults about their health behaviors, by conducting one time telephone surveys. In 1984, CDC initiated the Behavioral Risk Factor Surveillance System (BRFSS), by which 17 states began collecting behavioral risk data through monthly telephone surveys.

The Behavioral Risk Factor Surveillance System was implemented in Alaska in the Fall of 1990, when a Point-in-Time Survey of 400 residents was conducted. In 1991, the Alaska Behavioral Risk Factor Surveillance System became part of an ongoing surveillance system, conducting telephone surveys monthly. Each month, 128 adults, ages 18 and older are interviewed regarding their health and day to day living habits.

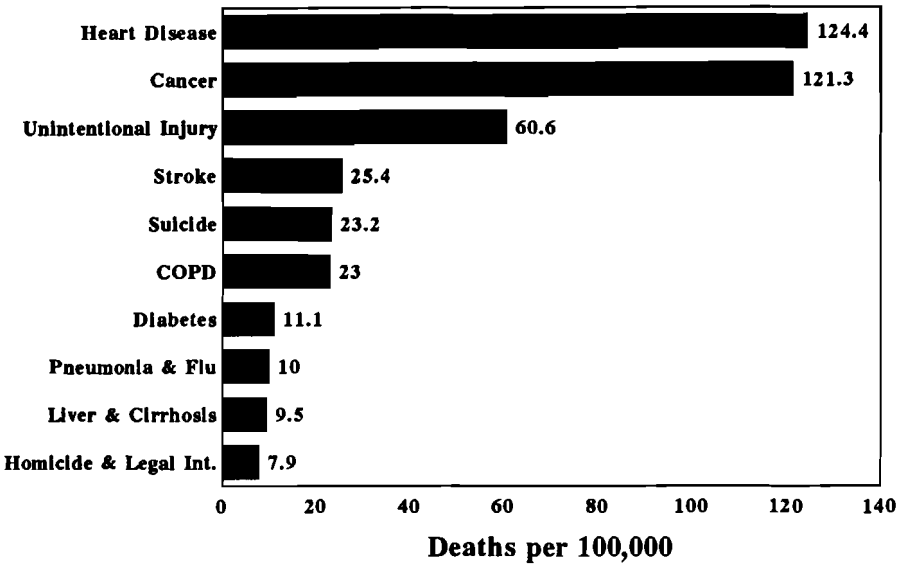
This report contains the 1992 survey results. These surveys were conducted from January through December 1992, for a total sample size of 1536 interviews. The Division of Public Health, BRFSS continues to conduct monthly telephone surveys each year.

The ten leading causes of death and the changeable risk factors associated with them

Risk Factors	Leading Causes of Death										
	Heart Disease	Cancers	Stroke	Injuries (nonvehicular)	Influenza/Pneumonia	Injuries (vehicular)	Diabetes	Cirrhosis	Suicide	Homicides	AIDS
Behavioral risk factors											
Smoking	●	●		●	●						
High blood pressure	●		●								
High cholesterol	●										
Diet	●	●					●				
Obesity	●	●					●				
Lack of exercise	●	●	●				●				
Stress	●		●	●		●			●	●	
Alcohol abuse		●		●		●		●	●	●	
Drug misuse	●		●	●		●		●	●	●	
Safety belt nonuse						●					
Handgun possession				●					●	●	
Sexual practices											●

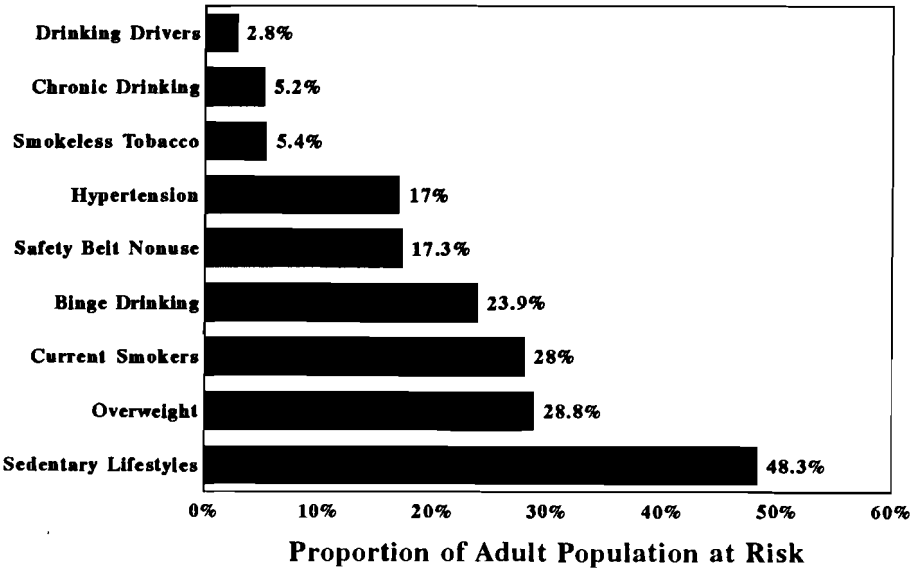
Source: Green LW, Kreuter MW. Health Promotion Planning: An Educational and Environmental Approach. Mayfield 1991.

Leading Causes of Death
Alaska, 1992



Age-Adjusted Death Rate
Alaska Bureau of Vital Statistics
(Provisional Data)

Behavioral Risk Factor Prevalence
Alaska, 1992



Division of Public Health
Alaska BRFSS 1992, Weighted Data

At Risk for Specific Behavioral Risk Factors, 1992

Estimated Number of Alaskan Residents

18 years of Age and Older

Behavioral Risk Factor	Proportion of Population at Risk (Prevalence)	Estimated at Risk*
Sedentary Lifestyle	48%	181,043
Overweight	29%	109,380
Cigarette Smoking	28%	105,608
Acute Drinking	24%	90,521
Hypertension	17%	64,119
Safety Belt Nonuse	17%	64,119
Smokeless Tobacco	5%	18,859
Chronic Drinking	5%	18,859
Drinking and Driving	3%	11,315

* Based on the 1990 Census estimate of 377,173 adults in Alaska

Select Behavioral Risk Factor Definitions

Sedentary Lifestyle: Respondents who report no activity or a physical activity or pair of activities that were done for 20 minutes or less, or fewer than three times per week.

Overweight: Respondents at or above 120% of ideal weight. Ideal weight defined as the mid-value of a medium frame person from the 1959 metropolitan height-weight tables.

Cigarette Smoking: Current regular smoker (ever smoked 100 cigarettes and smoke regularly now).

Acute Drinking: Respondents who report having five or more drinks on an occasion, one or more times in the past month.

Hypertension: Respondents who report they have ever been told they are hypertensive.

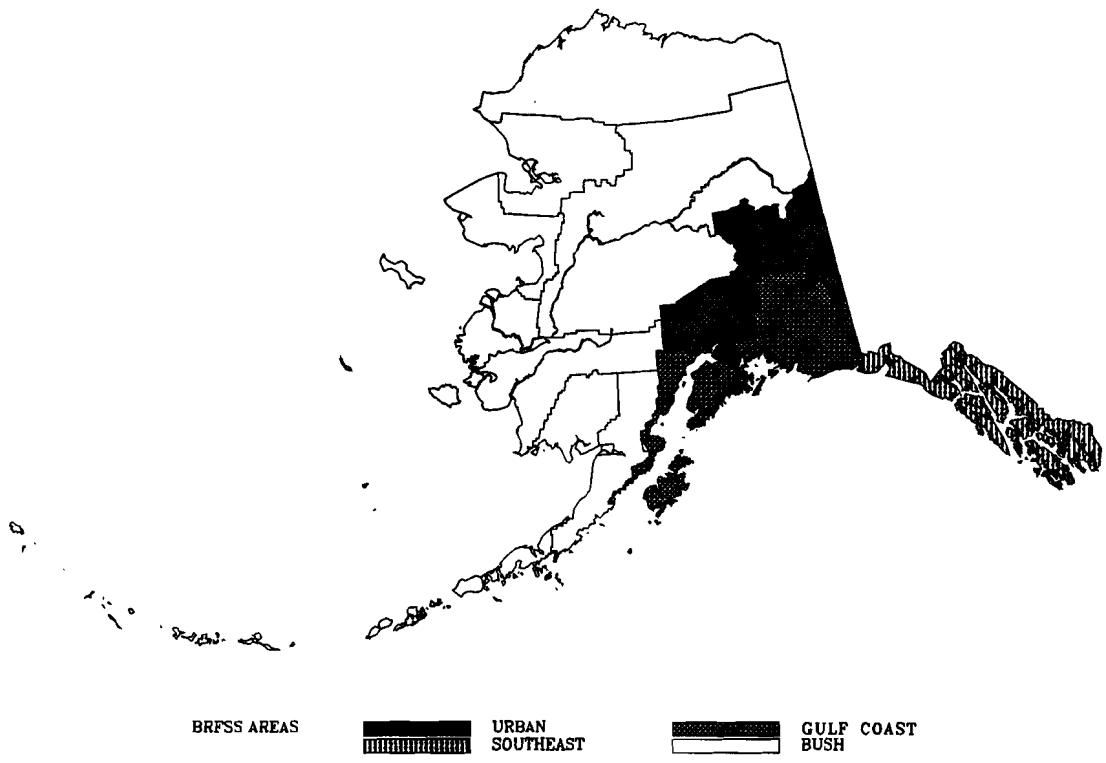
Safety Belt Nonuse: Respondents reporting they "sometimes", "seldom" or "never" use seat belts.

Smokeless Tobacco: Respondents who report currently using smokeless tobacco products such as chewing tobacco or snuff.

Chronic Drinking: Respondents who report an average of 60 or more alcoholic drinks a month.

Drinking and Driving: Respondents who report having driven after having too much to drink, one or more times in the past month.

BRFSS SAMPLING REGIONS



The Alaska sample was stratified into four regions based on common demographics*:

	Total Pop.**	Pop. 18+	# interviews
Strata 1 URBAN Anchorage, Fairbanks & vicinity	349,654	242,103	384
Strata 2 GULF COAST Kenai, Kodiak, Valdez, Cordova & vicinity	64,063	43,574	384
Strata 3 SOUTHEAST All of Southeast Alaska	68,989	48,103	384
Strata 4 BUSH All other nonurban areas of Alaska	67,337	43,393	384
STATEWIDE TOTAL	550,043	377,173	1,536

* See Appendix B
** 1990 Census Population

METHODOLOGY

The Behavioral Risk Factor Surveillance System is conducted by the State Division of Public Health in cooperation with the National Centers for Disease Control and Prevention. It is a monthly telephone survey that utilizes a standard protocol and interviewing methods developed by the CDC.

SAMPLE DESIGN

Although the main purpose of the BRFSS is to estimate the prevalence of behavioral risk factors in the general population, interviewing each person is not economically feasible. Thus, a probability (or random) sample is selected in which all persons have a known chance of selection. The BRFSS in Alaska uses a stratified random sampling design. The Alaska sample was stratified into four regions based on common demographics. An equal number of interviews are conducted from each strata, which purposely oversamples the nonurban areas of Alaska. (See Appendix B)

SAMPLE SIZE

Each month 128 Alaska residents age 18 and older are interviewed over the telephone regarding their health practices and day to day living habits, to reach an annual sample size of 1536 (384 per strata). The data in this report were collected from January through December, 1992 and are based on a sample size of 1536 interviews.

SAMPLING PROCESS

Since 1990, the telephone sample has been generated by the University of Alaska Anchorage, Institute of Social and Economic Research (ISER). In 1992, the Institute of Social and Economic Research used a combination method of computer random generation (using the RANDY method) for large exchanges and random selection from a data base of entered directory numbers for small exchanges. (See Appendix G)

SURVEY INSTRUMENT

The BRFSS instrument is a standardized questionnaire which consists of three sections; 1) the core (which includes demographics), 2) a set of optional modules and 3) state specific questions.

The 1992 questionnaire covered the topics of Diet, Exercise, Tobacco Use, Alcohol Use, Seat Belt Use, Routine Checkups, High Blood Pressure, Cholesterol Checks, Breast and Cervical Cancer Screening, Health Care Coverage, Attitudes and Opinions about AIDS and Injury Control and Child Safety.

Participation is random, anonymous and confidential. Respondents are randomly selected from among the adult members of the household. Only those living in households are surveyed. Those living in institutions (i.e. nursing homes, dormitories) are not surveyed.

DATA COLLECTION

In 1992, interviews were conducted by trained college interns. The interviews were conducted primarily in the evenings and on weekends, during the two weeks of every month, specified by the CDC for all states.

Data was collected via paper and pencil. Data entry was provided by the Alaska Bureau of Vital Statistics and data was sent to the Centers for Disease Control and Prevention for editing.

DATA ANALYSIS

The Behavioral Risk Factor Surveillance System (BRFSS) data contains information on Alaskan adults only (age 18 and above).

Data collected by BRFSS are edited by the CDC by applying a computerized algorithm. Edit reports are sent back to the state and corrections are returned to CDC. At the end of each survey year, data are compiled and weighted by CDC, and cross tabulations and prevalence reports are prepared.

Weighting: Unweighted data are the actual responses of each survey respondent. The data are weighted or adjusted to compensate for the overrepresentation or underrepresentation of persons in various subgroups. The data are further weighted to adjust the distribution of the sample data so that it reflects the total population of the sampled area. In 1992, survey results were weighted using 1990 Census data for Alaska. (See Appendix I)

Reporting: Data are analyzed by the CDC for Alaska by age, gender, race, marital status, income, employment and education. This report describes the results based on age, gender, marital status, income and education. Prevalence estimates by race for 1992 are not contained in this report, due to the uncertainty of reliability when based on small sample sizes for non-white populations. (See Appendix E)

COMPARISONS

All prevalence comparisons made to the National BRFSS Ranges and the National BRFSS Median are comparisons made to the 49 states (including the District of Columbia) participating in the Behavioral Risk Factor Surveillance System in 1992.

LIMITATIONS

The BRFSS uses telephone interviewing for several reasons. Telephone interviews are faster and less expensive than face to face interviews Calls are made from one central location (Juneau) and are monitored for quality control.

The one main limitation of any telephone survey is that those people without phones cannot be reached and are not represented. In Alaska, about 92% of households have phones (about 93% of all U.S. households have phones). However, the percentage of households with a telephone varies by region in Alaska (see Appendix F). In general, persons of low socioeconomic status are less likely than persons of higher socioeconomic status to have phones and are undersampled. However, survey results (nationally) from the BRFSS correspond well with findings from other surveys conducted in person.

Some inaccuracy is expected from any survey based on self reported information and the potential for bias must be kept in mind when interpreting results.

Survey response rates may also affect the potential for bias in the data, however, in general the Alaska survey response rates were favorable. (See Appendix H)

The reliability of a prevalence estimate depends on the actual, unweighted number of respondents in a category or demographic subgroup (not a weighted number). Interpreting and reporting weighted numbers that are based on a small, unweighted number of respondents can be misleading. The degree of precision increases if the sample size is larger and decreases if the sample size is smaller. In this report, prevalence estimates are not reported for those categories in which there were less than 50 respondents and are rounded to the nearest whole percent when the denominator is less than 500.

Table 1 on the following page describes the sample population and should be used as a basis for understanding the tables in this report.

Table 1
Survey Population
By Selected Demographics, Alaska BRFSS 1992

n = Number of survey respondents in this demographic subgroup. Total sample size = 1,536

% = This is a weighted (adjusted) percentage of the state population (adult) in this demographic subgroup, based on the survey data.

Weighted N = Weighted sample number, generalized to the state's population size.

	n	%	Weighted N
Gender			
Male	724	53.2	200,573
Female	812	46.8	176,600
Age			
18-24	134	15.0	56,639
25-34	400	30.1	113,516
35-44	464	27.1	102,176
45-54	272	14.1	53,244
55-64	142	7.8	29,231
65+	122	5.9	22,095
Unknown/Refused	2	0.1	272
Education			
Less than 9th Grade	67	2.8	10,515
Some High School	109	7.6	28,538
High School Graduate	533	33.8	127,534
Some Technical School	13	0.4	1,414
Technical School Graduate	45	2.7	10,242
Some College	399	28.1	105,914
College Graduate	232	15.2	57,214
Post Graduate	138	9.5	35,802
Marital Status			
Married	882	61.1	230,473
Divorced	202	9.6	36,086
Widowed	82	3.1	11,846
Separated	51	3.0	11,218
Never Married	258	17.8	67,143
Unmarried Couple	60	5.4	20,249
Unknown/Refused	1	0.0	158
Income			
Less than $10,000	142	7.8	29,481
$10,000-$14,999	95	5.6	21,192
$15,000-$19,999	103	6.6	24,875
$20,000-$24,999	128	8.2	31,074
$25,000-$34,999	187	12.9	48,843
$35,000-$50,000	286	20.0	75,478
Over $50,000	512	33.7	127,263
Unknown/Refused	83	5.0	18,966
TOTAL	1536	100.0	377,173

PHYSICAL ACTIVITY AND SEDENTARY LIFESTYLE

PHYSICAL ACTIVITY AND SEDENTARY LIFESTYLE

HEALTH RISK

The health benefits of physical activity are significant. Regular physical activity can help to prevent and manage heart disease, high blood pressure, noninsulin-dependent diabetes mellitus, obesity, and other health problems. Regular physical activity has also been associated with lower rates of colon cancer and stroke and may be linked to reduced back injury. On average, physically active people outlive those who are inactive. Regular physical activity can also help to maintain the functional independence of older adults and enhance the quality of life for people of all ages. Physically inactive people are almost twice as likely to develop coronary heart disease as people who engage in regular physical activity.

PHYSICAL ACTIVITY IN ALASKA

Definition for this survey: Sedentary lifestyle: Respondents who report no physical activity or a physical activity or pair of physical activities that were done for 20 minutes or less or fewer than three times per week.

In 1992, approximately half of Alaskan adults or 48.3% had a sedentary lifestyle. (National BRFSS Range 46.23 to 82.06%, National BRFSS Median 56.52%).

The proportion of adults that report no leisure time physical activity was 22.5%. (National BRFSS Range 17.14 to 48.08%, National BRFSS Median 27.42%.)

The proportion of adults that report exercising on an irregular basis was 25.8%. The proportion of adults who engage in regular (but not vigorous) exercise is 35.2% and the proportion of adults who engage in regular, vigorous exercise was 16.5%

Of the persons who reported exercising, 38% reported walking as their primary exercise. The next most prevalent exercise was the classification of "all others" at 35%. The following were also reported as prevalent; running (8%), bicycling (5%), aerobics class (4%) and yard work (4%).

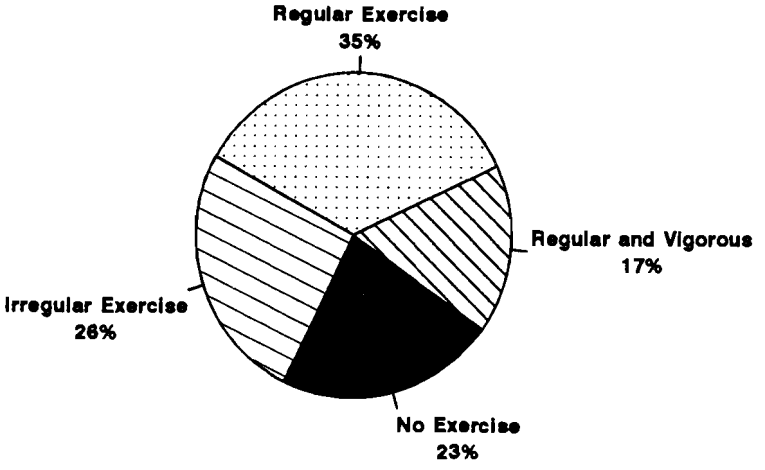
YEAR 2000 NATIONAL HEALTH OBJECTIVES

Reduce to no more than 15% the proportion of people aged six and older who engage in no leisure time physical activity. (Objective 1.5)

Increase to at least 30% the proportion of people aged six and older who engage regularly, preferably daily, in light to moderate physical activity for at least 30 minutes a day. (Objective 1.3)

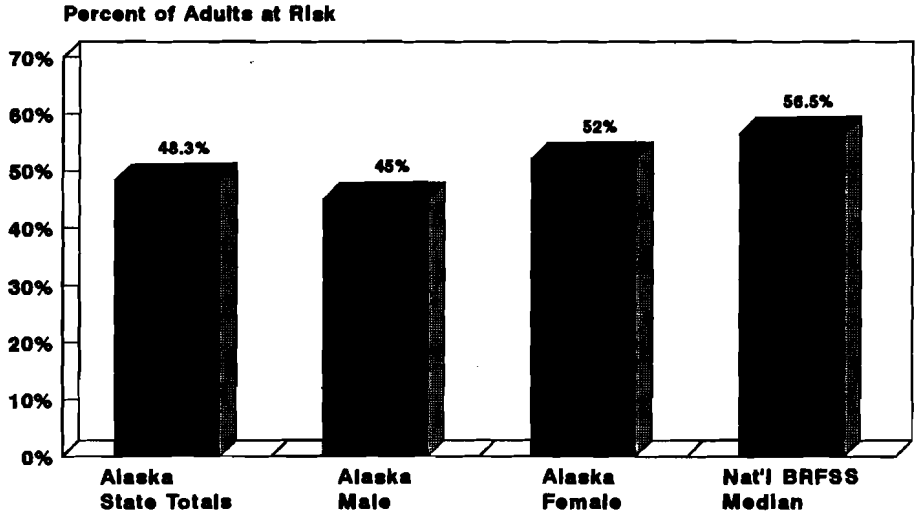
Increase to at least 20% the proportion of people aged 18 and older and to at least 75% the proportion of children and adolescents aged 6 - 17 who engage in vigorous physical activity that promotes the development of cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion. (Objective 1.4)

Physical Activity Levels of Alaskan Adults



Division of Public Health
Alaska BRFSS 1992, Weighted Data

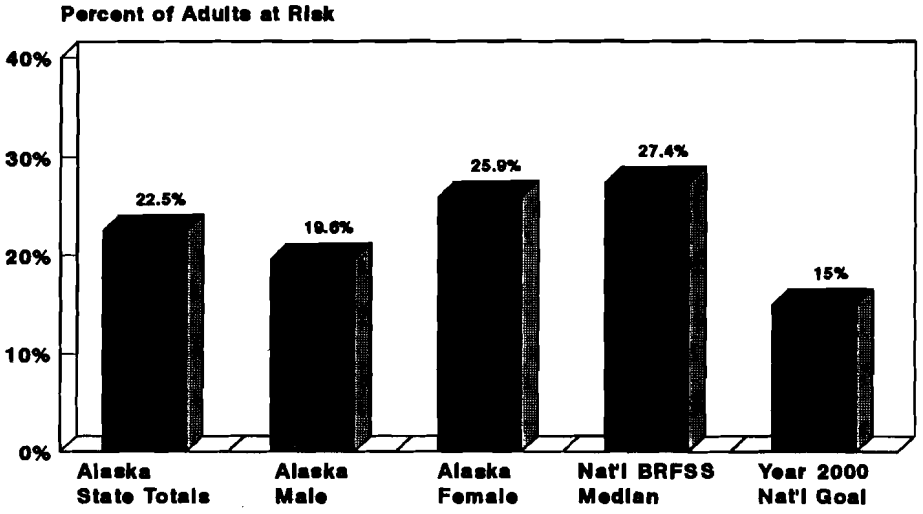
Comparison of Risk Prevalence
For Sedentary Lifestyle, 1992



National BRFSS Range 46.23 - 82.06%
National BRFSS Median 56.52%

Division of Public Health
Alaska BRFSS 1992, Weighted Data

Comparison of Risk Prevalence
For No Physical Activity, 1992



National BRFSS Range 17.14 - 48.08%
National BRFSS Median 27.42%

Division of Public Health
Alaska BRFSS 1992, Weighted Data

Table 2
Weighted Prevalence of Sedentary Lifestyle
By Selected Demographics, Alaska BRFSS 1992

n = Number of respondents at risk*.
% = This is a weighted percentage of the state population (adult) at risk in this demographic subgroup, based on the survey data.
N = Total number of respondents in this subgroup. Total sample size = 1536

	n	%	N
Gender			
Male	353	45	724
Female	412	52	812
Age			
18-24	60	45	134
25-34	198	48	400
35-44	204	41	464
45-54	150	59	272
55-64	76	55	142
65+	76	57	122
Unknown/Refused	1	-	2
Education			
Less than 9th Grade	42	71	67
Some High School	64	54	109
High School Graduate	318	56	533
Some Technical School	4	**	13
Technical School Graduate	19	**	45
Some College	175	42	399
College Graduate	89	38	232
Post Graduate	54	39	138
Marital Status			
Married	454	51	882
Divorced	95	45	202
Widowed	53	61	82
Separated	30	68	51
Never Married	99	31	258
Unmarried Couple	34	65	60
Unknown/Refused	-	-	1
Income			
Less than $10,000	84	57	142
$10,000-$14,999	50	50	95
$15,000-$19,999	55	45	103
$20,000-$24,999	62	50	128
$25,000-$34,999	98	49	187
$35,000-$50,000	128	44	286
Over $50,000	243	46	512
Unknown/Refused	45	64	83
TOTAL	765	48.3	1536
95 % Confidence Interval (44.5% - 52.0%)			

* = No physical activity or irregular activity (less than 20 minutes or fewer than 3 times per week)
** = Not Reported

Table 3
Weighted Prevalence of No Physical Activity
By Selected Demographics, Alaska BRFSS 1992

n = Number of respondents at risk*.
% = This is a weighted percentage of the state population (adult) at risk in this demographic subgroup, based on the survey data.
N = Total number of respondents in this subgroup. Total sample size = 1536

	n	%	N
Gender			
Male	151	19.6	724
Female	197	25.9	812
Age			
18-24	19	20	134
25-34	81	19	400
35-44	88	19	464
45-54	73	31	272
55-64	46	31	142
65+	41	30	122
Unknown/Refused	-	-	2
Education			
Less than 9th Grade	26	41	67
Some High School	36	31	109
High School Graduate	159	30	533
Some Technical School	1	**	13
Technical School Graduate	9	**	45
Some College	68	17	399
College Graduate	29	12	232
Post Graduate	20	16	138
Marital Status			
Married	215	24	882
Divorced	45	22	202
Widowed	33	30	82
Separated	16	35	51
Never Married	26	8	258
Unmarried Couple	13	41	60
Unknown/Refused	-	-	1
Income			
Less than $10,000	50	38	142
$10,000-$14,999	29	22	95
$15,000-$19,999	21	16	103
$20,000-$24,999	28	23	128
$25,000-$34,999	45	27	187
$35,000-$50,000	58	23	286
Over $50,000	93	17	512
Unknown/Refused	24	30	83
TOTAL	348	22.5	1536
95% Confidence Interval (19.4% - 25.6%)			

* = No leisure time physical activity
** = Not Reported

OVERWEIGHT AND DIET

OVERWEIGHT

HEALTH RISK

Overweight is associated with high blood cholesterol, high blood pressure, and diabetes and is an independent risk factor for heart disease. Overweight also increases the risk for gall bladder disease and certain types of cancers.

Studies reveal that reduction in body weight can lower blood pressure and improve blood cholesterol levels in overweight individuals and in individuals who have high blood pressure or blood cholesterol.

OVERWEIGHT IN ALASKA

Two definitions were used for this survey:
Definition (1) Overweight: Respondents at or above 120% of ideal weight. Ideal weight is defined as the mid-value of a medium frame person from the 1959 Metropolitan Life Insurance Tables.

*Definition (2) Overweight: Females with body mass index [weight in kilograms divided by height in meters squared (w/h **2)]>=27.3 and males with body mass index >=27.8.*

According to definition (1), based on percent of median, 28.8% of Alaskan adults were overweight. (National BRFSS Range 21.45 to 34.74%, National BRFSS Median 28.58%.) Among men, 28.4% were overweight and among women, 29.3% were overweight.

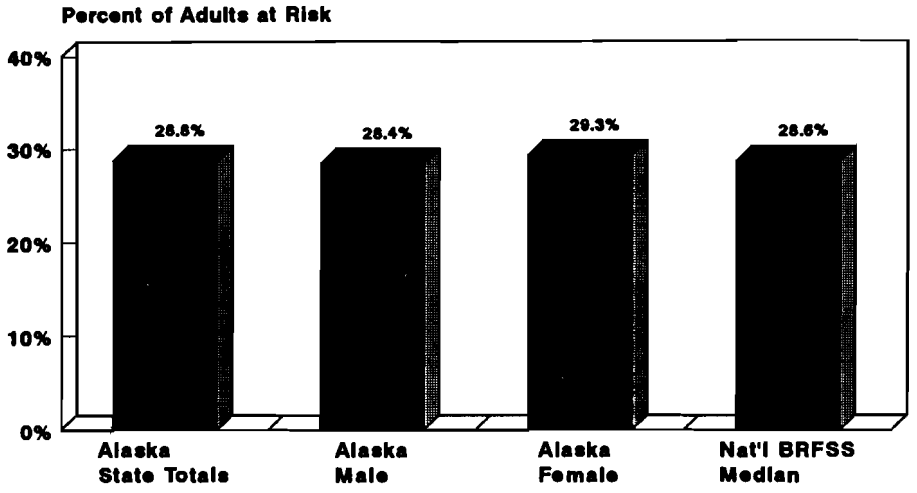
According to definition (2), based on body mass index, 24.4% of Alaskans were overweight. (National BRFSS Range 17.33 to 29.69%, National BRFSS Median 24.36%.) This is slightly higher than the Year 2000 goal of 20%.

Of all those surveyed, 30.2% of adults reported trying to lose weight. Among men, 21.5% were trying to lose weight and among women, 39.9% were trying to lose weight. Of those trying to lose weight, 77% were eating fewer calories to lose weight and 61.% had increased their physical activity to lose weight.

YEAR 2000 NATIONAL HEALTH OBJECTIVES

Reduce overweight to a prevalence of no more than 20% among people aged 20 and older, and no more than 15% among adolescents aged 12 to 19 (based on body mass index). (Objective 2.3)

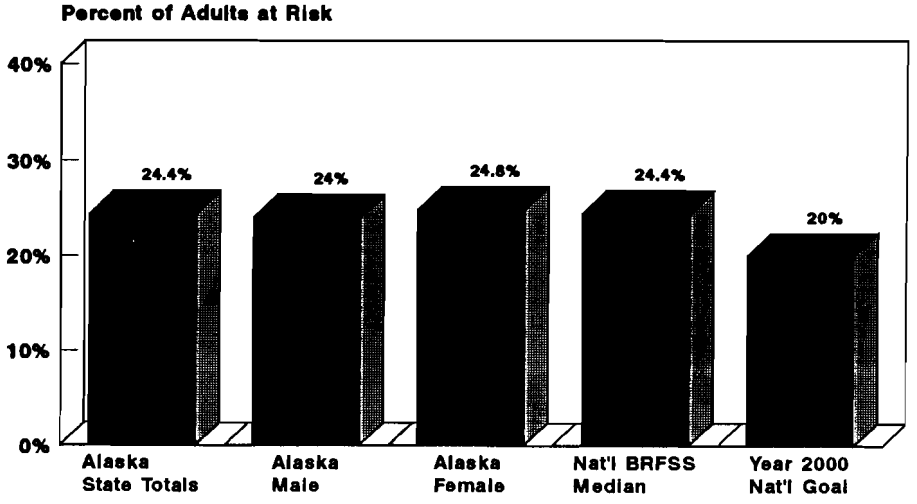
Comparison of Risk Prevalence For Overweight(1)*, 1992



National BRFSS Range 21.45 - 34.74%
National BRFSS Median 28.58%

Division of Public Health
Alaska BRFSS 1992, Weighted Data
*based on percent of ideal weight

Comparison of Risk Prevalence For Overweight(2)*, 1992



National BRFSS Range 17.33 - 29.69
National BRFSS Median 24.36

Division of Public Health
Alaska BRFSS 1992, Weighted Data
*based on Body Mass Index

Table 4
Weighted Prevalence of Overweight (1)
By Selected Demographics, Alaska BRFSS 1992

n = Number of respondents at risk*.
% = This is a weighted percentage of the state population (adult) at risk in this demographic subgroup, based on the survey data.
N = Total number of respondents in this subgroup. Total sample size = 1536

	n	%	N
Gender			
Male	244	28.4	724
Female	262	29.3	812
Age			
18-24	32	20	134
25-34	106	27	400
35-44	157	28	464
45-54	104	35	272
55-64	60	40	142
65+	46	31	122
Unknown/Refused	1	-	2
Education			
Less than 9th Grade	30	38	67
Some High School	43	30	109
High School Graduate	182	31	533
Some Technical School	4	**	13
Technical School Graduate	17	**	45
Some College	132	28	399
College Graduate	57	20	232
Post Graduate	41	34	138
Marital Status			
Married	281	28	882
Divorced	75	32	202
Widowed	37	31	82
Separated	20	50	51
Never Married	74	23	258
Unmarried Couple	19	36	60
Unknown/Refused	-	-	1
Income			
Less than $10,000	52	34	142
$10,000-$14,999	39	31	95
$15,000-$19,999	34	30	103
$20,000-$24,999	37	20	128
$25,000-$34,999	75	37	187
$35,000-$50,000	94	28	286
Over $50,000	150	26	512
Unknown/Refused	25	30	83
TOTAL	506	28.8	1536
95% Confidence Interval (25.5% - 32.1%)			

* = Overweight based on percent of ideal weight.
** = Not Reported

Table 5
Weighted Prevalence of Overweight (2)
By Selected Demographics, Alaska BRFSS 1992

n = Number of respondents at risk*.
% = This is a weighted percentage of the state population (adult) at risk in this demographic subgroup, based on the survey data.
N = Total number of respondents in this subgroup. Total sample size = 1536

	n	%	N
Gender			
Male	209	24.0	724
Female	231	24.8	812
Age			
18-24	25	12	134
25-34	90	24	400
35-44	137	25	464
45-54	93	31	272
55-64	53	32	142
65+	41	30	122
Unknown/Refused	1	-	2
Education			
Less than 9th Grade	28	40	67
Some High School	36	19	109
High School Graduate	159	27	533
Some Technical School	3	**	13
Technical School Graduate	13	**	45
Some College	115	23	399
College Graduate	51	16	232
Post Graduate	35	29	138
Marital Status			
Married	249	24	882
Divorced	65	29	202
Widowed	34	29	82
Separated	15	35	51
Never Married	61	19	258
Unmarried Couple	16	28	60
Unknown/Refused	-	-	1
Income			
Less than $10,000	45	33	142
$10,000-$14,999	35	29	95
$15,000-$19,999	32	29	103
$20,000-$24,999	34	17	128
$25,000-$34,999	64	29	187
$35,000-$50,000	79	22	286
Over $50,000	129	21	512
Unknown/Refused	22	29	83
TOTAL	440	24.4	1536
95% Confidence Interval (21.3% - 27.5%)			

* = Overweight based on Body Mass Index (BMI)
** = Not Reported

DIET

HEALTH RISK

Dietary factors are associated with five of the ten leading causes of death; coronary heart disease; some types of cancer; stroke; noninsulin-dependent diabetes mellitus and atherosclerosis.

The Dietary Guidelines for Americans recommend that to stay healthy one should; eat a variety of foods; maintain healthy weight; choose a diet low in fat, saturated fat, and cholesterol; choose a diet with plenty of vegetables, fruits, and grain products; use sugars only in moderation; use salt and sodium only in moderation; and if alcoholic beverages are consumed, do so in moderation.

American adults currently consume about 36% of their total calories from fat, with about 13% of calories from saturated fat, though lower levels (30% of total calories from fat) have been recommended.

Dietary patterns with higher intakes of vegetables (including legumes), fruits, and grains are associated with a variety of health benefits, including a decreased risk for some types of cancer. Populations consuming diets rich in vegetables, fruits, and grain products have significantly lower rates of cancer of the colon, breast, lung, oral cavity, larynx, esophagus, stomach, bladder, uterine cervix, and pancreas.

DIET IN ALASKA

Only 23.9% of Alaskan adults consume five or more servings of fruits and vegetables per day. More females (30.6%) than males (17.9%) consume fruits and vegetables five or more times per day. Among Alaskan adults, 1.5% eat less than one serving of fruits and vegetables a day, 32.4% eat one to two servings daily, 40% eat three to four servings daily and 23.9% eat five or more servings daily.

Alaskan males are the highest fat consumers; 34.4% of Alaskan adult males are over the 75th percentile for dietary fat intake, compared to 15.1% of Alaskan adult females that are over the 75th percentile.

YEAR 2000 NATIONAL HEALTH OBJECTIVES

Increase complex carbohydrate and fiber containing foods in the diets of adults to five or more daily servings for fruits and vegetables, and to six or more daily servings for grain products. (Objective 2.3)

Reduce dietary fat intake to an average of 30% of calories or less and average saturated fat intake to less than 10% of calories among people aged two and older. (Objective 2.5)

TOBACCO USE

SMOKING

HEALTH RISK

Tobacco use is the most important single preventable cause of death and disease in our society. Tobacco use is a major risk factor for diseases of the heart and blood vessels; chronic bronchitis and emphysema; cancers of the lung, larynx, pharynx, oral cavity, esophagus, pancreas, and bladder; and other problems such as respiratory infections and stomach ulcers. Cigarette smoking accounts for about 434,000 deaths, or one fifth of all deaths in the United States. Smoking accounts for 21% of all coronary heart disease deaths, 87% of lung cancer deaths, and 30% of all cancer deaths. Cigarette smoking during pregnancy accounts for 20 to 30% of low birth weight babies, up to 14% of preterm deliveries, and about 10% of all infant deaths.

SMOKING IN ALASKA

Definition of smoking for this survey: Respondents who have smoked at least 100 cigarettes in their entire life and smoke regularly now.

Alaska has one of the highest prevalence rates of smoking in the country. Among Alaskan adults, 28% currently smoke cigarettes regularly. (National BRFSS Range 15.60 to 30.47%, National BRFSS Median 22.17%.) It is higher among females (29%) than males (27.1%).

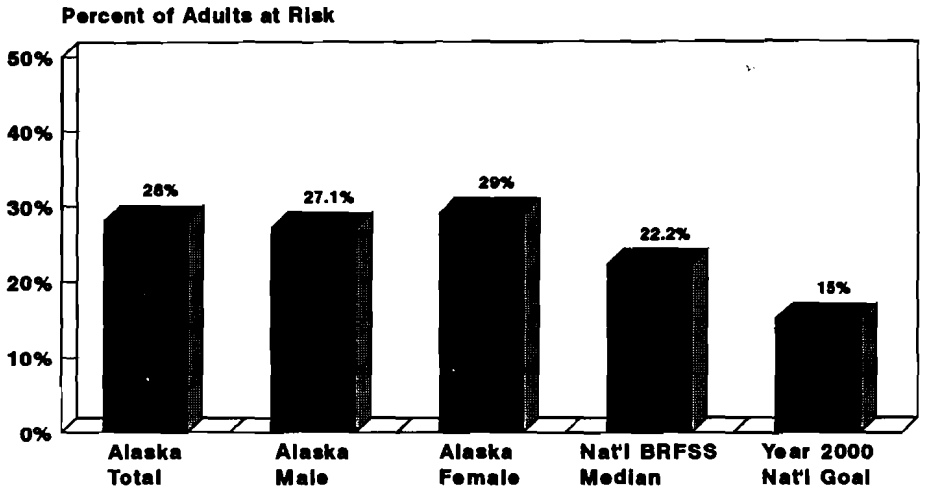
Over half of all the people surveyed (55.8%) had smoked at least 100 cigarettes in their lifetime. Most (83.7%) started smoking between the ages of ten and 20 years old. Of those who currently smoke, 79% smoke less than a pack a day, 18% smoke more than one pack a day and 3% report smoking occasionally. Of all the people who had smoked during their lifetime, half (48.3%) have quit. Most former smokers (58.6%) quit smoking over five years ago. A little over half (58%) of the persons who still smoke, have quit smoking for one day or longer within the last year.

YEAR 2000 NATIONAL HEALTH OBJECTIVES

Reduce cigarette smoking to a prevalence of no more than 15% among people aged 20 and older. (Objective 3.4)

Increase to at least 50% the proportion of cigarette smokers aged 18 and older who stopped smoking cigarettes for at least one day during the preceding year. (Objective 3.6)

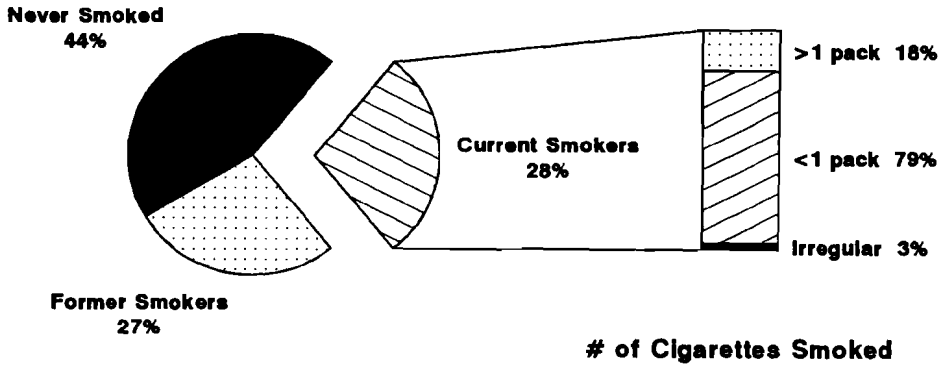
Comparison of Risk Prevalence For Cigarette Smoking*, 1992



National BRFSS Range 15.60 - 30.47%
National BRFSS Median 22.17%

Division of Public Health
Alaska BRFSS 1992, Weighted Data
*current regular smokers

Number of Cigarettes Smoked by Current Smokers



Smoking Status of All Respondents

# of Cigarettes Smoked by Current Smokers

Division of Public Health
Alaska BRFSS 1992, Weighted Data

Table 6
Weighted Prevalence of Cigarette Smoking
By Selected Demographics, Alaska BRFSS 1992

n = Number of respondents at risk*.
% = This is a weighted percentage of the state population (adult) at risk in this demographic subgroup, based on the survey data.
N = Total number of respondents in this subgroup. Total sample size = 1536

	n	%	N
Gender			
Male	206	27.1	724
Female	236	29.0	812
Age			
18-24	45	39	134
25-34	126	27	400
35-44	133	26	464
45-54	77	29	272
55-64	33	22	142
65+	28	20	122
Unknown/Refused	-	-	2
Education			
Less than 9th Grade	21	39	67
Some High School	56	54	109
High School Graduate	192	34	533
Some Technical School	4	**	13
Technical School Graduate	11	**	45
Some College	105	26	399
College Graduate	39	18	232
Post Graduate	14	6	138
Marital Status			
Married	229	25	882
Divorced	71	37	202
Widowed	26	28	82
Separated	17	41	51
Never Married	72	26	258
Unmarried Couple	27	49	60
Unknown/Refused	-	-	1
Income			
Less than $10,000	65	49	142
$10,000-$14,999	37	33	95
$15,000-$19,999	42	41	103
$20,000-$24,999	35	26	128
$25,000-$34,999	49	27	187
$35,000-$50,000	77	28	286
Over $50,000	112	19	512
Unknown/Refused	25	40	83
TOTAL	442	28.0	1536
95% Confidence Interval (24.6% - 31.4%)			

* = Current regular smokers
** = Not Reported

SMOKELESS TOBACCO USE

HEALTH RISK

Oral cancer has been shown to occur several times more frequently among smokeless tobacco users than among nonusers and may be 50 times as frequent among long-term snuff users.

The consumption of smokeless tobacco in the United States increased 40% between 1970 and 1986. Most new users of smokeless tobacco products are adolescent males. In 1988, 6.6% of males aged 12 through 17 had used some form of smokeless tobacco in the preceding month. The prevalence of smokeless tobacco use among males aged 18 through 24 was 8.9% in 1987. Between 1970 and 1986, the prevalence of snuff use increased fifteenfold and chewing tobacco use increased more than fourfold among men aged 17 through 19.

All smokeless tobacco products contain substantial amounts of nicotine; their use can support nicotine dependence and may lead to cigarette use.

SMOKELESS TOBACCO USE IN ALASKA

Of all Alaskan adults, 31.8% reported to have ever used or tried chewing tobacco or snuff or both. Of men, 52.4% have used or tried such products, and 8.2% of women.

Among Alaskan adults, 5.4% are current smokeless tobacco users. The prevalence of smokeless tobacco use is higher among males (9.0%) than females (1.4%).

Smokeless tobacco use is highest among the 18 to 24 year old group (11%). Among the 18 to 24 year old males, 17% use smokeless tobacco and among the 18 to 24 year old females 4% use smokeless tobacco.

YEAR 2000 NATIONAL HEALTH OBJECTIVES

Reduce smokeless tobacco use by males aged 12 to 24 to a prevalence of no more than 4%. (Objective 3.9)

Table 7

Weighted Prevalence of Smokeless Tobacco Use

By Selected Demographics, Alaska BRFSS 1992

n = Number of respondents at risk*.
% = This is a weighted percentage of the state population (adult) at risk in this demographic subgroup, based on the survey data.
N = Total number of respondents in this subgroup. Total sample size = 1536

	n	%	N
Gender			
Male	60	9.0	724
Female	16	1.4	812
Age			
18-24	10	11	134
25-34	25	6	400
35-44	21	3	464
45-54	9	4	272
55-64	4	2	142
65+	6	4	122
Unknown/Refused	1	-	2
Education			
Less than 9th Grade	6	7	67
Some High School	6	9	109
High School Graduate	35	6	533
Some Technical School	1	**	13
Technical School Graduate	4	**	45
Some College	16	5	399
College Graduate	5	3	232
Post Graduate	3	4	138
Income			
Less than $10,000	13	6	142
$10,000-$14,999	5	7	95
$15,000-$19,999	2	3	103
$20,000-$24,999	4	5	128
$25,000-$34,999	14	6	187
$35,000-$50,000	12	5	286
Over $50,000	22	5	512
Unknown/Refused	4	7	83
TOTAL	76	5.4	1536

* = Current Smokeless Tobacco Users
** = Not Reported

ALCOHOL USE

ALCOHOL USE

HEALTH RISK

Alcohol is implicated in nearly half of all deaths caused by motor vehicle crashes and fatal intentional injuries such as suicides and homicides; and victims are intoxicated in approximately one-third of all homicides, drownings, and boating deaths. Alcohol is the principal contributor to cirrhosis, which is the ninth leading cause of death in the United States. Alcohol use during pregnancy is the leading preventable cause of birth defects. Homeless alcohol abusers are at substantially increased risk of trauma, victimization, hypothermia, frostbite, and tuberculosis infection. Alcohol and other drug abuse may be both a cause and an effect of homelessness.

ALCOHOL USE IN ALASKA

Definitions used in this survey: Acute (Binge) Drinking: Respondents who report having five or more drinks on an occasion, one or more times in the past month. Chronic Drinking: Respondents who report an average of 60 or more alcoholic drinks a month. Drinking and Driving: Respondents who report having driven after having too much to drink, one or more times in the past month.

An estimated 23.9% of Alaskan adults were reported as binge drinkers, engaged in acute drinking. This was one of the highest prevalence rates of acute drinking among the states participating in the BRFSS. (National BRFSS Range 5.41 to 25.75%, National BRFSS Median 14.29%.) Of the males 34.7% were binge drinkers and of the females 11.7% were binge drinkers.

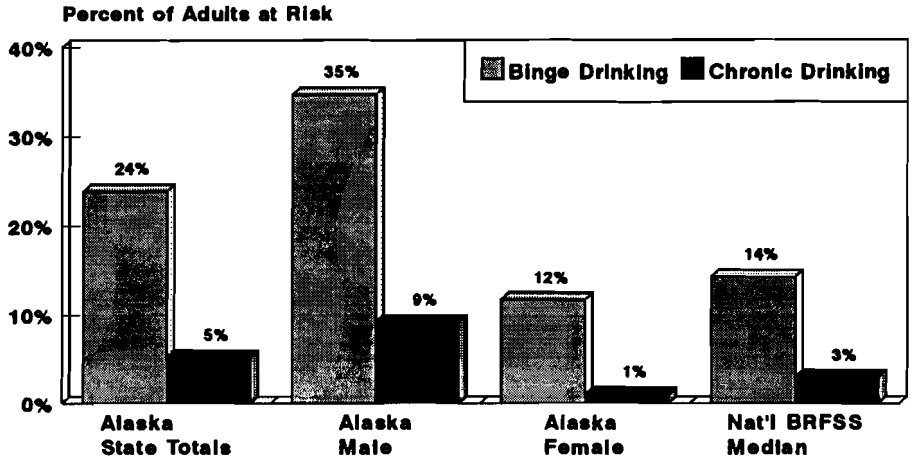
An estimated 5.2% of Alaskan adults were at risk for chronic drinking. Of males, 9.2% had more than 60 drinks during the past month and of females, <1%. (National BRFSS Range 1.69 to 6.76%, National BRFSS Median 2.91%.)

The overall prevalence of drinking and driving among Alaskan adults is estimated at 2.8%. Of the persons who reported drinking during the previous month, 4.4% reported driving after having had too much to drink.

YEAR 2000 NATIONAL HEALTH OBJECTIVES

The Year 2000 Health Objectives relate to health status, risk reduction, and service and protection to reduce alcohol and other drug problems. The health objectives do not relate to alcohol consumption as defined by the 1992 BRFSS.

Comparison of Risk Prevalence For Alcohol Use, 1992



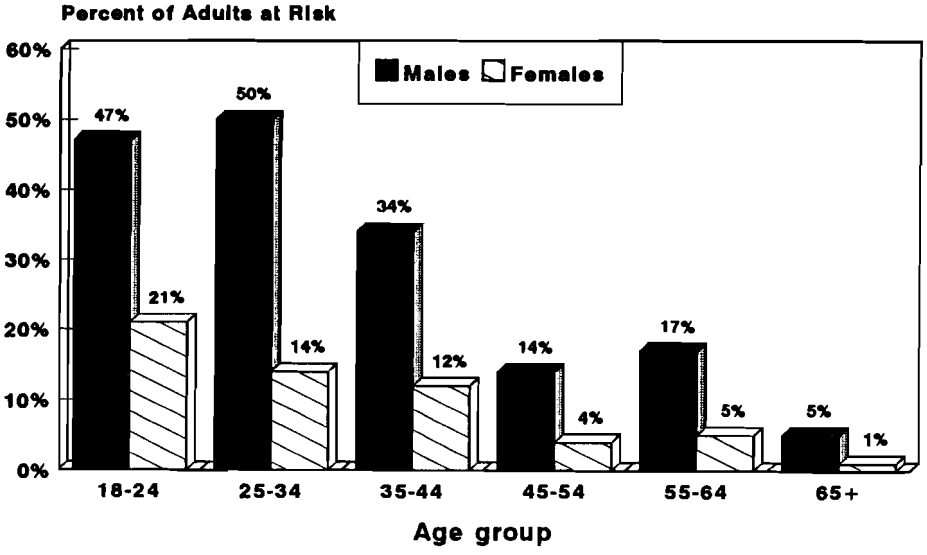
Binge: Nat'l BRFSS Range 5.41 - 25.75%
Nat'l BRFSS Median 14.29%

Chronic: Nat'l BRFSS Range 1.69 - 6.76%
Nat'l BRFSS Median 2.91%

Division of Public Health
Alaska BRFSS 1992, Weighted Data

At Risk for Acute Drinking Alaska, 1992

By age and gender



Division of Public Health
Alaska BRFSS 1992, Weighted Data
Males 65+ based on denominator <50

Table 8
Weighted Prevalence of Acute Drinking
By Selected Demographics, Alaska BRFSS 1992

n = Number of respondents at risk*.
% = This is a weighted percentage of the state population (adult) at risk in this demographic subgroup, based on the survey data.
N = Total number of respondents in this subgroup. Total sample size = 1536

	n	%	N
Gender			
Male	230	34.7	724
Female	98	11.7	812
Age			
18-24	41	35	134
25-34	117	33	400
35-44	109	24	464
45-54	35	9	272
55-64	21	11	142
65+	5	2	122
Unknown/Refused	-	-	2
Education			
Less than 9th Grade	8	11	67
Some High School	25	22	109
High School Graduate	150	32	533
Some Technical School	4	**	13
Technical School Graduate	7	**	45
Some College	80	23	399
College Graduate	40	21	232
Post Graduate	14	9	138
Marital Status			
Married	151	18	882
Divorced	57	31	202
Widowed	8	5	82
Separated	14	44	51
Never Married	83	38	258
Unmarried Couple	15	29	60
Unknown/Refused	-	-	1
Income			
Less than $10,000	35	31	142
$10,000-$14,999	25	33	95
$15,000-$19,999	19	28	103
$20,000-$24,999	27	22	128
$25,000-$34,999	41	22	187
$35,000-$50,000	67	24	286
Over $50,000	107	23	512
Unknown/Refused	7	11	83
TOTAL	328	23.9	1536
95% Confidence Interval (20.5% - 27.3%)			

* = Having five or more drinks on an occasion, one or more times in the past month.
** = Not Reported

Table 9
Weighted Prevalence of Chronic Drinking
By Selected Demographics, Alaska BRFSS 1992

n = Number of respondents at risk*.
% = This is a weighted percentage of the state population (adult) at risk in this demographic subgroup, based on the survey data.
N = Total number of respondents in this subgroup. Total sample size = 1536

	n	%	N
Gender			
Male	58	9.2	724
Female	10	0.8	812
Age			
18-24	5	6	134
25-34	24	9	400
35-44	28	5	464
45-54	5	1	272
55-64	6	3	142
65+	-	-	122
Unknown/Refused	-	-	2
Education			
Less than 9th Grade	2	2	67
Some High School	6	4	109
High School Graduate	30	6	533
Some Technical School	1	**	13
Technical School Graduate	1	**	45
Some College	18	6	399
College Graduate	8	7	232
Post Graduate	2	1	138
Marital Status			
Married	26	3	882
Divorced	14	7	202
Widowed	1	1	82
Separated	2	3	51
Never Married	23	14	258
Unmarried Couple	2	1	60
Unknown/Refused	-	-	1
Income			
Less than $10,000	9	6	142
$10,000-$14,999	5	6	95
$15,000-$19,999	3	3	103
$20,000-$24,999	6	4	128
$25,000-$34,999	13	10	187
$35,000-$50,000	11	5	286
Over $50,000	21	5	512
Unknown/Refused	-	-	83
TOTAL	68	5.2	1536
95% Confidence Interval (3.2% - 7.3%)			

* = Having an average of 60 or more alcoholic drinks during the past month.
** = Not Reported

Table 10
Weighted Prevalence of Drinking and Driving
By Selected Demographics, Alaska BRFSS 1992

n = Number of respondents at risk*.
% = This is a weighted percentage of the state population (adult) at risk in this demographic subgroup, based on the survey data.
N = Total number of respondents in this subgroup. Total sample size = 1536

	n	%	N
Gender			
Male	33	4.0	724
Female	11	1.4	812
Age			
18-24	3	2	134
25-34	14	4	400
35-44	17	3	464
45-54	6	2	272
55-64	4	2	142
65+	-	-	122
Unknown/Refused	-	-	2
Education			
Less than 9th Grade	-	-	67
Some High School	3	3	109
High School Graduate	20	4	533
Some Technical School	2	**	13
Technical School Graduate	-	-	45
Some College	8	1	399
College Graduate	10	5	232
Post Graduate	1	2	138
Marital Status			
Married	16	2	882
Divorced	11	5	202
Widowed	1	1	82
Separated	2	5	51
Never Married	13	6	258
Unmarried Couple	1	<1	60
Unknown/Refused	-	-	1
Income			
Less than $10,000	4	4	142
$10,000-$14,999	2	5	95
$15,000-$19,999	2	1	103
$20,000-$24,999	3	1	128
$25,000-$34,999	8	4	187
$35,000-$50,000	8	2	286
Over $50,000	17	3	512
Unknown/Refused	-	-	83
TOTAL	44	2.8	1536
95% Confidence Interval (1.7% - 4.0%)			

* = Report having driven after having too much to drink, one or more times in the past month.
** = Not Reported

SAFETY BELT NONUSE

SAFETY BELT USE

HEALTH RISK

Unintentional injuries constitute the fourth leading cause of death in the United States, killing approximately 100,000 people each year. During the first four decades of life, unintentional injuries claim more lives than infectious or chronic diseases. In 1987, 2.3 million years of life were prematurely taken by unintentional injuries, more than from any other cause. Motor vehicle crashes account for approximately half the deaths from unintentional injuries; falls rank second, followed by poisoning, drowning and residential fires.

States with mandatory seat belt use laws have significantly lower motor vehicle crash death rates. An estimated 4,500 lives were saved in 1988 as a result of the 45% seat belt use rate obtained nationwide, and 3,800 of those were in States that have mandatory seat belt laws. Alaska is one of the States with a mandatory seat belt law.

SAFETY BELT USE IN ALASKA

Definitions for this survey: Seat belt (2): Respondents reporting that they sometimes, seldom or never wear seat belts. Seat belt (3): Respondents reporting that they nearly always, sometimes, seldom or never wear seat belts.

In 1992 in Alaska, 81.7% of adults reported wearing a seat belt always or nearly always when riding or driving in a car. Among women, 70.9% reported always wearing a seat belt, and 52% of the men reported always wearing a seat belt.

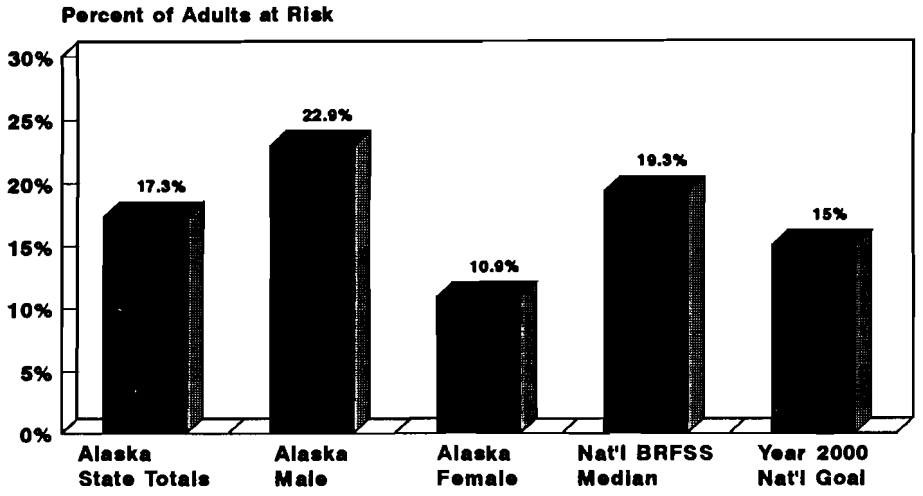
According to definition (2), 17.3% of Alaskan adults were at risk for not wearing seat belts always or nearly all of the time. (National BRFSS Range 3.99 to 51.64%, National BRFSS Median 19.31%.)

According to definition (3), 38.1% of Alaskans were at risk for not wearing a seat belt all of the time. (National BRFSS Range 10.61 to 74.43%, National BRFSS Median 38.07%.)

YEAR 2000 NATIONAL HEALTH OBJECTIVES

Increase use of occupant protection systems, such as safety belts, inflatable safety restraints, and child safety seats, to at least 85% of motor vehicle occupants. (Objective 9.12)

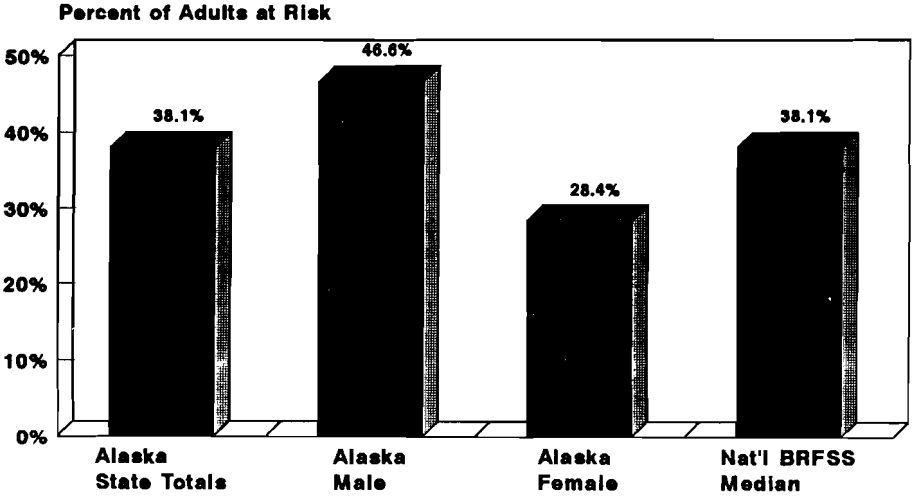
Comparison of Risk Prevalence For Safety Belt Nonuse (2)*, 1992



National BRFSS Range 3.99 - 51.64%
National BRFSS Median 19.31%

Division of Public Health
Alaska BRFSS 1992, Weighted Data
*sometimes, seldom, never

Comparison of Risk Prevalence For Safety Belt Nonuse(3)*, 1992



National BRFSS Range 10.61 - 74.43%
National BRFSS Median 38.07%

Division of Public Health
Alaska BRFSS 1992, Weighted Data
*nearly always, sometimes, seldom, never

Table 11
Weighted Prevalence of Safety Belt Nonuse (2)
By Selected Demographics, Alaska BRFSS 1992

n = Number of respondents at risk*.
% = This is a weighted percentage of the state population (adult) at risk in this demographic subgroup, based on the survey data.
N = Total number of respondents in this subgroup. Total sample size = 1536

	n	%	N
Gender			
Male	201	22.9	724
Female	136	10.9	812
Age			
18-24	28	12	134
25-34	81	17	400
35-44	102	20	464
45-54	60	17	272
55-64	37	17	142
65+	28	23	122
Unknown/Refused	1	**	2
Education			
Less than 9th Grade	17	16	67
Some High School	39	30	109
High School Graduate	134	20	533
Some Technical School	1	**	13
Technical School Graduate	9	**	45
Some College	84	15	399
College Graduate	42	18	232
Post Graduate	11	4	138
Marital Status			
Married	172	16	882
Divorced	57	20	202
Widowed	18	26	82
Separated	12	15	51
Never Married	58	16	258
Unmarried Couple	20	29	60
Unknown/Refused	-	-	1
Income			
Less than $10,000	41	18	142
$10,000-$14,999	21	12	95
$15,000-$19,999	26	22	103
$20,000-$24,999	32	21	128
$25,000-$34,999	40	13	187
$35,000-$50,000	51	16	286
Over $50,000	105	18	512
Unknown/Refused	21	21	83
TOTAL	337	17.3	1536
95% Confidence Interval (14.7% - 19.9%)			

* = Sometimes, seldom or never wear seat belts.
** = Not Reported

HIGH BLOOD PRESSURE

HIGH BLOOD PRESSURE

HEALTH RISK

People with high blood pressure (hypertension) have three to four times the risk of developing coronary heart disease and as much as seven times the risk of a stroke as do those with normal blood pressures. Clinical trials show that blood pressure reduction significantly reduces stroke mortality. Recent long-term follow-up of the Hypertension Detection and Follow-up Program clinical trial suggests that blood pressure control can also help to reduce deaths from coronary heart disease.

Approximately 30% of adults have high blood pressure (blood pressure equal to or greater than 140mm Hg systolic and/or 90mm diastolic and/or taking antihypertensive medication).

HIGH BLOOD PRESSURE IN ALASKA

Definition for this survey: Hypertension (2): Respondents who report that they have been told they are hypertensive (have high blood pressure).

An estimated 17% have ever been told by a doctor or other health professional that their blood pressure was high. (National BRFSS Range 14.66 to 27.91%, National BRFSS Median 20.65%.) Of Alaskan males, 14.8% report having been told their blood pressure was high and of females, 19.5%.

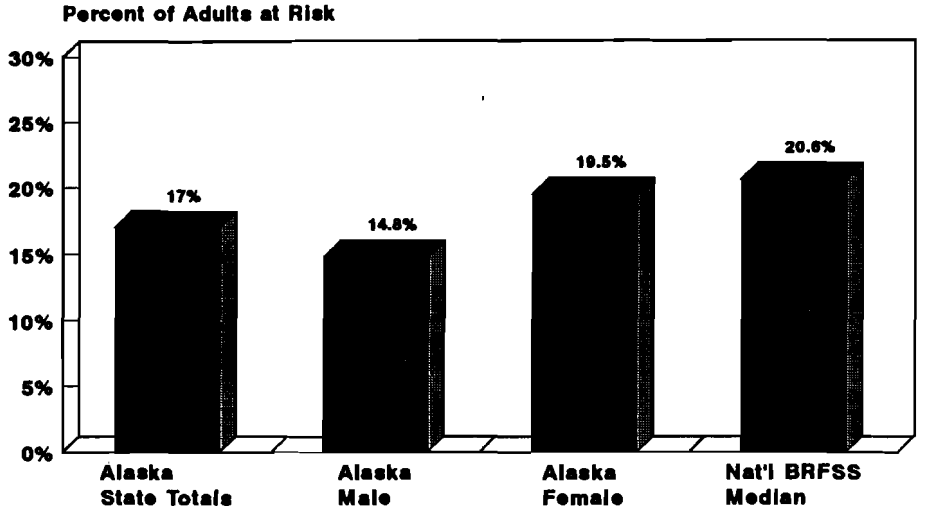
Of the persons who have been told that their blood pressure was high, 35.5% were told only once and 64.2% had been told more than once. An estimated 36.5% of persons who had been told their blood pressure was high, had medicine currently prescribed for high blood pressure. (This does not report whether or not medications were being taken as prescribed.)

YEAR 2000 NATIONAL HEALTH OBJECTIVES

Increase to at least 90% the proportion of people with high blood pressure who are taking action to help control their blood pressure. (Objective 15.5)

(*Please note:* The BRFSS does not directly measure this objective. Actions to control high blood pressure include taking medication, dieting to lose weight, cutting down on salt and exercising.)

Comparison of Risk Prevalence For Hypertension(2), 1992

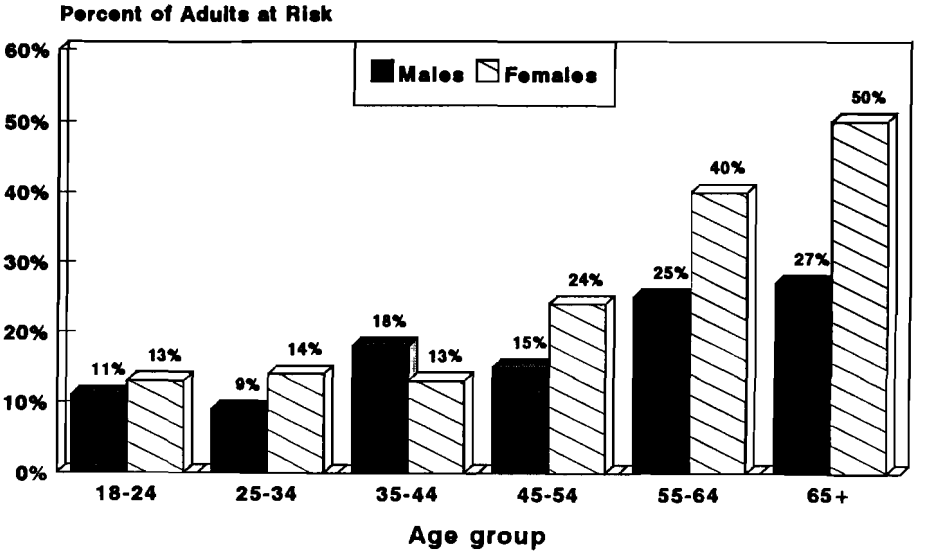


National BRFSS Range 14.66 - 27.91%
National BRFSS Median 20.65%

Division of Public Health
Alaska BRFSS 1992, Weighted Data

At Risk for Hypertension(2) Alaska, 1992

By age and gender



Division of Public Health
Alaska BRFSS 1992, Weighted Data
Males 65+ based on denominator <50

Table 12
Weighted Prevalence of Hypertension (2)
By Selected Demographics, Alaska BRFSS 1992

n = Number of respondents at risk*.
% = This is a weighted percentage of the state population (adult) at risk in this demographic subgroup, based on the survey data.
N = Total number of respondents in this subgroup. Total sample size = 1536

	n	%	N
Gender			
Male	136	14.8	724
Female	164	19.5	812
Age			
18-24	17	12	134
25-34	45	12	400
35-44	72	16	464
45-54	65	19	272
55-64	45	32	142
65+	54	39	122
Unknown/Refused	2	**	2
Education			
Less than 9th Grade	26	37	67
Some High School	17	14	109
High School Graduate	114	20	533
Some Technical School	3	**	13
Technical School Graduate	10	**	45
Some College	73	16	399
College Graduate	28	9	232
Post Graduate	29	19	138
Marital Status			
Married	144	15	882
Divorced	52	23	202
Widowed	33	37	82
Separated	18	40	51
Never Married	44	12	258
Unmarried Couple	8	22	60
Unknown/Refused	1	**	1
Income			
Less than $10,000	36	22	142
$10,000-$14,999	33	28	95
$15,000-$19,999	24	16	103
$20,000-$24,999	23	15	128
$25,000-$34,999	31	17	187
$35,000-$50,000	48	17	286
Over $50,000	89	15	512
Unknown/Refused	16	19	83
TOTAL	300	17.0	1536
95% Confidence Interval (14.4% - 19.7%)			

* = Have been told they have high blood pressure.
** = Not Reported

HEALTH CARE COVERAGE AND HEALTH CHECKUPS

PREVENTIVE HEALTH PRACTICES

OVERVIEW

The effectiveness of preventive services in reducing disease and premature death is now well documented. There have been dramatic declines for stroke mortality, cervical cancer mortality, and childhood infectious diseases because of the widespread application of such preventive services as high blood pressure detection and control, pap tests, and childhood immunizations. Other preventive services such as mammography have also been shown to be effective.

Many Americans lack access to an ongoing source of primary care, and therefore, to essential clinical preventive services as well as to other health care. Millions of Americans are without any form of health insurance and many more are underinsured. For a variety of reasons, in many areas, access to primary care is limited by an inadequate supply of primary care providers.

Even when access to primary care is not an issue, many preventive services are not offered by health care providers at regular intervals and few preventive services are covered under existing insurance plans despite their proven effectiveness in improving health.

HEALTH CARE COVERAGE AND HEALTH CHECKUPS IN ALASKA

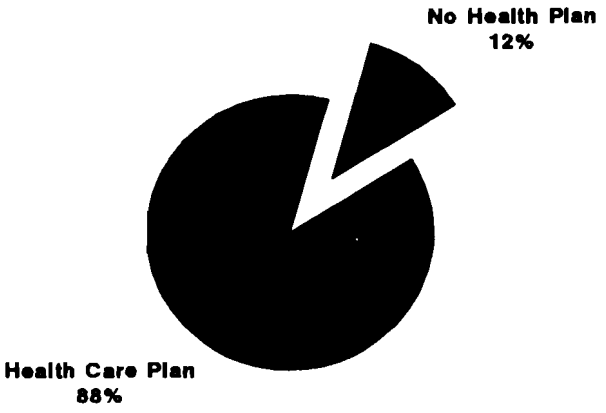
It is estimated that 87.6% of Alaskan adults have some kind of health care plan. According to this survey, 12.2% of Alaskan adults do not. (National BRFSS Range 6.83 to 25.43%, National BRFSS Median 13.91%.)

Of those persons with a health care plan, 80% report that their health care plan covers all or most of their doctor visits when they are sick. However, 59% of those with a health care plan report that their plan covers all or most of their preventive services when they are not sick.

In total, 13.2% of Alaskan adults reported needing to see a Doctor in the last year, but could not due to the cost. Of Alaskan females, 16.6% reported the same thing compared to 10.2% of Alaskan males.

In total, 62% of Alaskan adults had visited a Doctor within the last year for a routine checkup (even though they were feeling well and had not been sick). Of Alaskan males, 52% had visited a Doctor for a routine checkup in the last year compared to 74% of females.

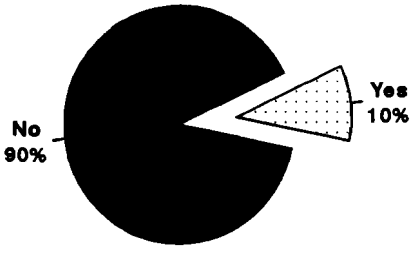
Adults with No Health Care Plan, Alaska



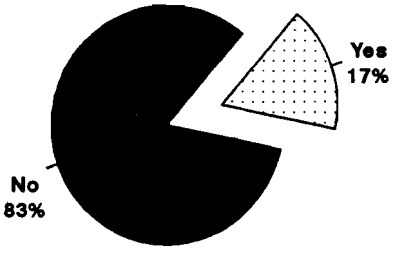
National BRFSS Range 6.83 - 25.43%
National BRFSS Median 13.91%

Division of Public Health
Alaska BRFSS 1992, Weighted Data

During the past year, was there a time when you needed to see a Doctor, but could not due to the cost



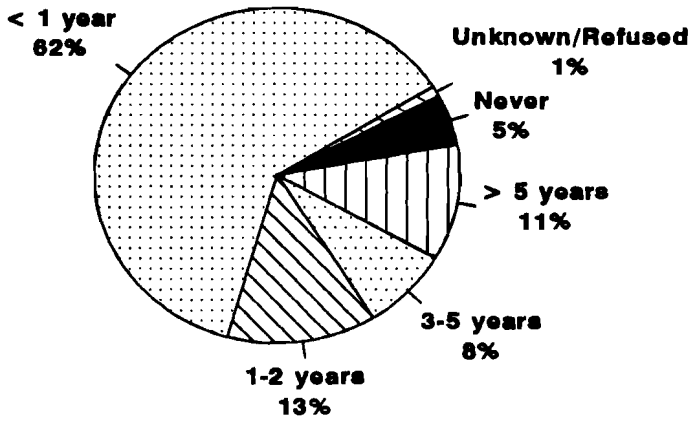
Alaska Males



Alaska Females

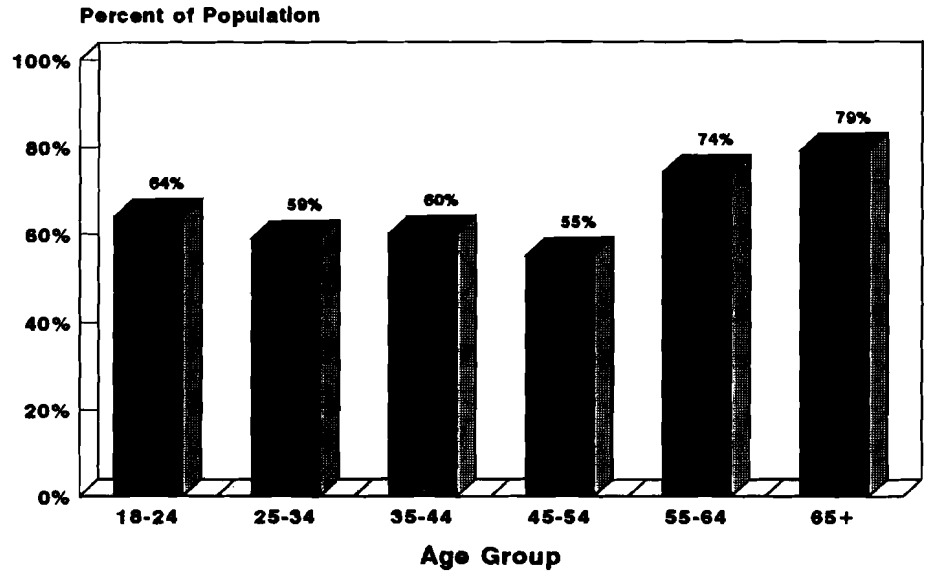
Division of Public Health
Alaska BRFSS 1992, Weighted Data

Years Since Last Routine Checkup by a Doctor, Alaska 1992



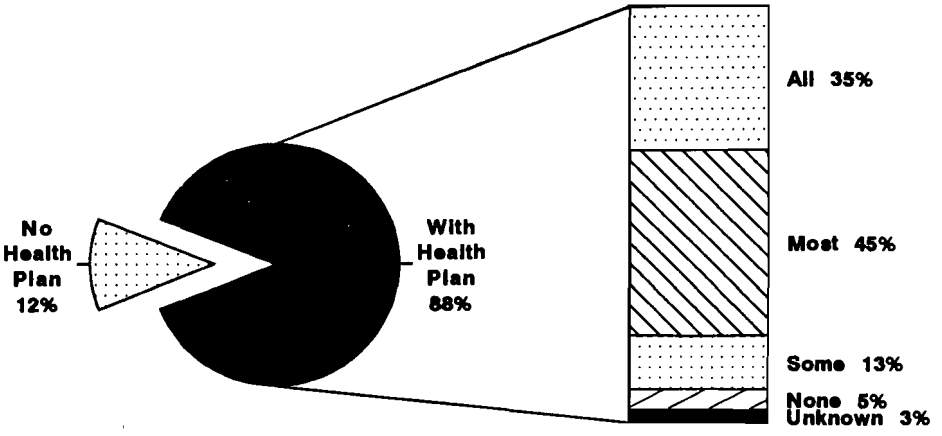
Division of Public Health
Alaska BRFSS 1992, Weighted Data

Routine Checkup by a Doctor Within the Past year, Alaska 1992



Division of Public Health
Alaska BRFSS 1992, Weighted Data

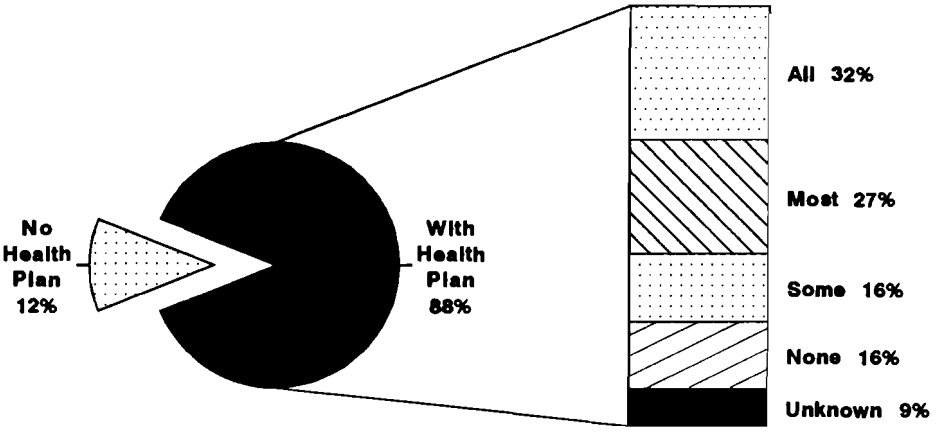
Health Care Coverage
for Doctor visits when sick



Doctor visits covered by
Health Care Plan
Denominator = 1327

Division of Public Health
Alaska BRFSS 1992, Weighted Data

Health Care Coverage
for preventive services when not sick



Doctor visits covered by
Health Care Plan
Denominator = 1327

Division of Public Health
Alaska BRFSS 1992, Weighted Data

Table 13
Weighted Prevalence of No Health Care Plan
By Selected Demographics, Alaska BRFSS 1992

n = Number of respondents at risk*.
% = This is a weighted percentage of the state population (adult) at risk in this demographic subgroup, based on the survey data.
N = Total number of respondents in this subgroup. Total sample size = 1536

	n	%	N
Gender			
Male	117	13.3	724
Female	90	11.1	812
Age			
18-24	23	16	134
25-34	55	13	400
35-44	75	12	464
45-54	34	13	272
55-64	17	9	142
65+	3	2	122
Unknown/Refused	-	-	2
Education			
Less than 9th Grade	6	7	67
Some High School	14	9	109
High School Graduate	91	17	533
Some Technical School	3	**	13
Technical School Graduate	6	**	45
Some College	56	11	399
College Graduate	20	10	232
Post Graduate	11	6	138
Marital Status			
Married	88	8	882
Divorced	48	19	202
Widowed	1	1	82
Separated	11	25	51
Never Married	43	19	258
Unmarried Couple	16	26	60
Unknown/Refused	-	-	1
Income			
Less than $10,000	35	35	142
$10,000-$14,999	19	15	95
$15,000-$19,999	29	26	103
$20,000-$24,999	33	15	128
$25,000-$34,999	24	15	187
$35,000-$50,000	26	9	286
Over $50,000	29	5	512
Unknown/Refused	12	8	83
TOTAL	207	12.2	1536
95% Confidence Interval (9.9% - 14.6%)			

* = Persons who report having no kind of health care plan.
** = Not Reported

HEALTH SCREENING

CHOLESTEROL SCREENING

HEALTH RISK

High blood cholesterol is a major risk factor for coronary heart disease, the leading cause of death in the United States. It is recommended by the National Cholesterol Education Program that blood cholesterol should be measured in all adults 20 years of age and above at least once every five years and more often for patients diagnosed with high cholesterol.

Classification of Total Cholesterol Levels:

< 200 mg/dl	Desirable Blood Cholesterol
200 to 239 mg/dl	Borderline High Cholesterol
≥ 240 mg/dl	High Blood Cholesterol

CHOLESTEROL SCREENING IN ALASKA

Definition used in this survey: Respondents who report they have had their blood cholesterol checked within the past five years.

Only 61.6% of Alaskan adults reported having had their blood cholesterol checked within the past five years. (National BRFSS Range 58.43 to 72.63%, National BRFSS Median 65.89%.) It is estimated that 33.7% of Alaskan adults have never had their blood cholesterol checked.

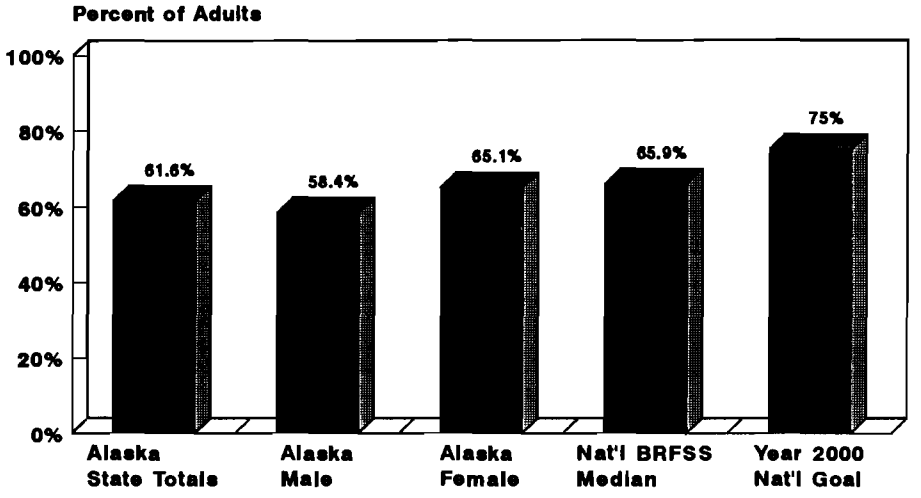
Of those persons that had ever had their blood cholesterol checked, 27% reported having been told their blood cholesterol was high. Of those that had ever had their cholesterol checked, 84.4% report being told their blood cholesterol level (in numbers) and 44.6% were aware of their blood cholesterol level.

YEAR 2000 NATIONAL HEALTH OBJECTIVES

Increase to at least 75% the proportion of adults who have ever had their blood cholesterol checked within the preceding five years. (Objective 15.14)

Increase to at least 60% the proportion of adults with high blood cholesterol who are aware of their condition and are taking action to reduce their blood cholesterol to recommended levels. (Objective 15.8)

Comparison of Prevalence of Cholesterol Screening*, 1992

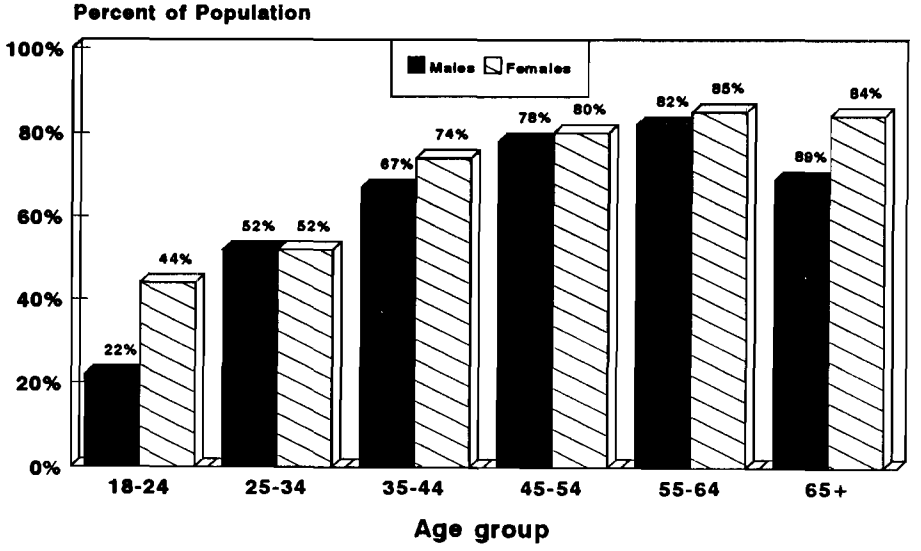


National BRFSS Range 58.43 - 72.63%
National BRFSS Median 65.89%

Division of Public Health
Alaska BRFSS 1992, Weighted Data
*checked within last 5 years

Prevalence of Cholesterol Screening, Alaska 1992

By age and gender



Division of Public Health
Alaska BRFSS 1992, Weighted Data
Males 65+ based on denominator <50

Table 14
Weighted Prevalence of Cholesterol Screening
By Selected Demographics, Alaska BRFSS 1992

n	=	Number of respondents screened *.
%	=	This is a weighted percentage of the state population (adult) in this demographic subgroup, based on the survey data.
N	=	Total number of respondents in this subgroup. Total sample size = 1536

	n	%	N
Gender			
Male	444	58.4	724
Female	514	65.1	812
Age			
18-24	42	32	134
25-34	190	52	400
35-44	321	70	464
45-54	205	79	272
55-64	107	83	142
65+	92	77	122
Unknown/Refused	1	**	2
Education			
Less than 9th Grade	27	48	67
Some High School	51	36	109
High School Graduate	281	50	533
Some Technical School	7	**	13
Technical School Graduate	31	**	45
Some College	266	66	399
College Graduate	178	78	232
Post Graduate	117	87	138
Marital Status			
Married	594	69	882
Divorced	124	61	202
Widowed	59	76	82
Separated	28	58	51
Never Married	120	39	258
Unmarried Couple	32	42	60
Unknown/Refused	1	**	1
Income			
Less than $10,000	61	43	142
$10,000-$14,999	39	43	95
$15,000-$19,999	47	42	103
$20,000-$24,999	71	51	128
$25,000-$34,999	122	64	187
$35,000-$50,000	190	67	286
Over $50,000	381	73	512
Unknown/Refused	47	49	83
TOTAL	958	61.6	1536
95% Confidence Interval (57.8% - 65.3%)			

* = Cholesterol checked within the past five years.
** = Not Reported

BLOOD PRESSURE SCREENING

HEALTH RISK IMPLICATIONS

People with high blood pressure (hypertension) have three to four times the risk of developing coronary heart disease and as much as seven times the risk of a stroke as do those with normal blood pressures. Clinical trials show that blood pressure reduction significantly reduces stroke mortality. Recent long-term follow-up of the Hypertension Detection and Follow-up Program clinical trial suggests that blood pressure control can also help to reduce deaths from coronary heart disease.

Approximately 30% of adults have high blood pressure (blood pressure equal to or greater than 140mm Hg systolic and/or 90mm diastolic and/or taking antihypertensive medication).

BLOOD PRESSURE SCREENING IN ALASKA

Definition for this survey: Hypertension (1): Respondents who report they have had their blood pressure checked within the past two years.

It is estimated that 94.7% of Alaskan adults have had their blood pressure checked by a health professional within the past two years. (National BRFSS Range 90.48 to 97.01%, National BRFSS Median 94.67%.) Of Alaskan females, 97.6% have had their blood pressure checked within the past two years and 92.1% of Alaskan males have had their blood pressure checked within the past two years.

Among Alaskan adults, 88.4 report having had their blood pressure checked within the past year. More Alaskan females (94.5%) have had their blood pressure checked within the last year than males (83%).

YEAR 2000 NATIONAL HEALTH OBJECTIVES

Increase to at least 90% the proportion of adults who have had their blood pressure measured within the preceding two years and can state whether their blood pressure was normal or high. (Objective 15.13)

Table 15
Weighted Prevalence of Blood Pressure Screening
By Selected Demographics, Alaska BRFSS 1992

n = Number of respondents screened *.
% = This is a weighted percentage of the state population (adult) in this demographic subgroup, based on the survey data.
N = Total number of respondents in this subgroup. Total sample size = 1536

	n	%	N
Gender			
Male	663	92.1	724
Female	778	97.6	812
Age			
18-24	127	96	134
25-34	373	94	400
35-44	430	93	464
45-54	258	96	272
55-64	135	97	142
65+	117	98	122
Unknown/Refused	1	**	2
Education			
Less than 9th Grade	62	96	67
Some High School	100	91	109
High School Graduate	480	90	533
Some Technical School	12	**	13
Technical School Graduate	44	**	45
Some College	385	98	399
College Graduate	224	98	232
Post Graduate	134	98	138
Marital Status			
Married	830	95	882
Divorced	193	97	202
Widowed	76	96	82
Separated	45	91	51
Never Married	240	92	258
Unmarried Couple	56	92	60
Unknown/Refused	1	**	1
Income			
Less than $10,000	131	91	142
$10,000-$14,999	86	86	95
$15,000-$19,999	89	90	103
$20,000-$24,999	119	97	128
$25,000-$34,999	179	96	187
$35,000-$50,000	266	92	286
Over $50,000	491	98	512
Unknown/Refused	80	98	83
TOTAL	1441	94.7	1536
95% Confidence Interval (93.1% - 96.3%)			

* = Persons who have had their blood pressure checked within the past two years.
** = Not Reported

CANCER SCREENING

BREAST CANCER SCREENING

HEALTH RISK

Breast cancer is the second leading cause of cancer death among women and accounts for nearly a third of all cancers in women. Approximately one woman in every nine will develop breast cancer in her lifetime.

The National Cancer Institute reports that there is general consensus among experts that routine screening every one to two years with mammography and clinical breast examination can reduce breast cancer mortality by about one third for women ages 50 and older. Experts do not agree on the role of mammography for women ages 40 - 49. To date, randomized clinical trials have not shown a statistically significant reduction in mortality for women under the age of 50. Annual clinical breast exam is recommended for women beginning at age 40.

BREAST CANCER SCREENING IN ALASKA

Clinical Breast Exams: A clinical breast exam is when the breast is felt for lumps by a doctor or other medical professional. In 1992, 94.3% of women age 18 and older had ever had a clinical breast exam. Of those women who had ever had a breast exam, 81.4% had one within the past year and an additional 8.9% had one in the previous year.

Mammography: A mammogram is an x-ray of the breast to look for cancer. In 1992, 75% of women aged 40 and older had ever had a mammogram. (National BRFSS Range 57.3 to 82.3%, National BRFSS Median 73.9%.) Among white (non-hispanic) women aged 40 and older, 79% had ever had a mammogram, while among non-white women 40 and older, 59% had ever had a mammogram.

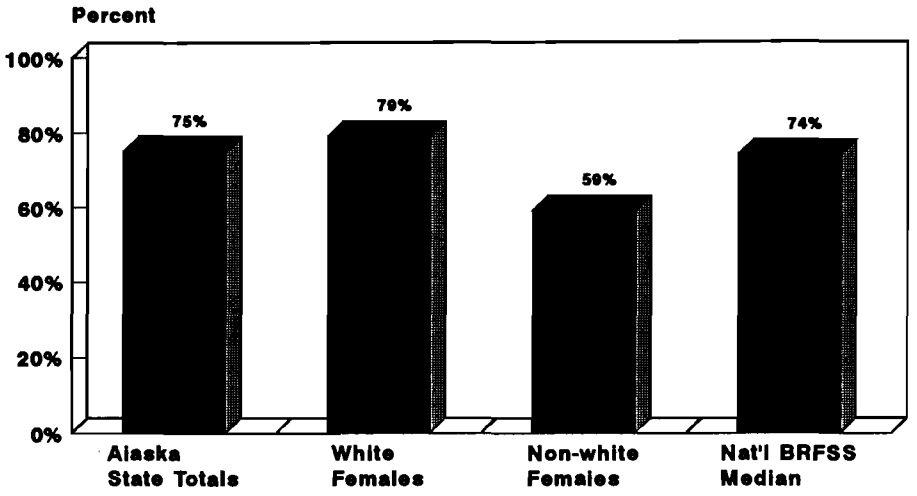
Most (77%) of the women aged 18 and older who had ever had a mammogram, reported their last one was done as part of a routine checkup, 18% reported it was done because of a breast problem and 2% because they had breast cancer.

In 1992, 74% of women 40 and older, had ever had both a mammogram and a breast exam. Of the women 50 and older, 62% had a mammogram and a breast exam in the past two years.

YEAR 2000 NATIONAL HEALTH OBJECTIVES

Increase to at least 80% the proportion of women aged 40 and older who have ever received a clinical breast exam and a mammogram, and to at least 60% those aged 50 and older who have received them within the preceding one to two years. (Objective 16.11)

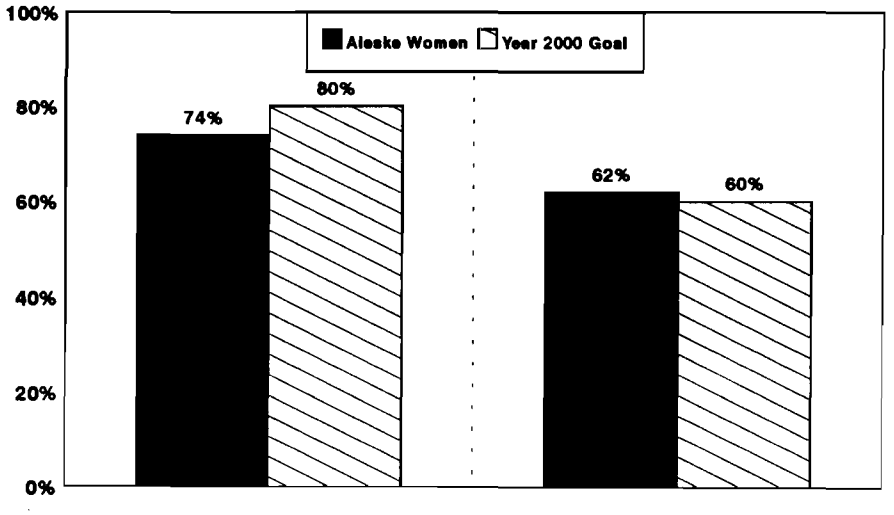
Comparison of Prevalence of Mammography Screening*, 1992



National BRFSS Range 57.3 - 82.3%
National BRFSS Median 73.9%

Division of Public Health
Alaska BRFSS 1992, Weighted Data
*Women over 40 ever had a mammogram

Mammography & Breast Exams Alaska Women, 1992



Division of Public Health
Alaska BRFSS 1992, Weighted Data

CERVICAL CANCER SCREENING

HEALTH RISK

Cervical cancer now kills an estimated 4,400 women annually in the United States, and about 13,500 new cases of cervical cancer are diagnosed each year. The incidence of invasive cervical cancer has steadily decreased over the years. Cervical carcinoma in situ, (a precancerous condition) is now more frequent than invasive cancer, especially in women under 50. The pap test is highly effective in detecting early cancer of the uterine cervix and greatly reduces the risk of mortality from invasive cervical cancer.

The National Cancer Institute recommends an annual pelvic examination with a Pap test for all women who are or who have been sexually active, or who have reached age 18; and less frequent exams after three consecutive normal exams at the discretion of the physician.

CERVICAL CANCER SCREENING IN ALASKA

Definition for this survey: Females with intact cervix-uteri who report they have had a pap smear within the past two years.

Of Alaskan females age 18 and older (with intact cervix-uteri), 97% have ever had a pap test. (National BRFSS Range 86.61 to 97.06%, National BRFSS Median 93.50%.) According to the BRFSS definition, 87% of females 18 and older (with intact cervix-uteri) have had a pap test within the past two years. (National BRFSS Range 72.0 to 96.6%, National BRFSS Median 78.84%.) Of the women surveyed, 14.3% had had a hysterectomy.

Of the women age 18 and older who had ever had a pap test, 76.1% were in the last year, 11.6% in the last one to two years, 5.7% within the past three to five years and 5.5% were over five years ago.

YEAR 2000 NATIONAL HEALTH OBJECTIVES

Increase to at least 95% the proportion of women aged 18 and older with uterine cervix who have ever received a pap test, and to at least 85% those who received a pap test within the preceding one to three years. (Objective 16.12)

AIDS AWARENESS

HIV/AIDS

An estimated one million people in the United States are presently infected with HIV (human immunodeficiency virus); and approximately 40,000 are infected yearly in recent years. HIV and AIDS (acquired immunodeficiency syndrome) are a growing threat to the health of the nation and will continue to make major demands on health and social service systems for many decades.

In Alaska, 63,742 individuals have been tested for HIV antibodies through facilities that use the State Virology Laboratory, as of December 31, 1993. Of these, 498 persons tested positive for HIV antibodies. Through December 31, 1993, 204 Alaskan residents have been confirmed to have AIDS. Of these 122 are known to have died.

AIDS information and education programs have increased public knowledge and influenced attitudes about HIV and AIDS. However, some misinformation about transmission of HIV still persists at all levels of society. An important step toward reducing the spread of HIV behaviors is for people to be able to use information about how HIV is transmitted to assess their own risk of becoming infected. When people can recognize their risks, they can learn ways to change their behavior and reduce their risk.

BEHAVIORAL RISK FACTOR SURVEY

Most Alaskan adults (96.9%) have heard the AIDS virus called HIV and most (84.6%) think that a person with the AIDS virus can look and feel healthy. Many people (40.6%) think that you can get AIDS from donating blood and many (71.1%) believe that you can get it from a health care worker. Many people (57.3%) know that there are drugs available that can lengthen the life of a person with AIDS and the majority (89.7%) think that a pregnant woman who has the AIDS virus can give it to her baby.

The majority of adults (75.9%) would be willing to work with a person who has AIDS but many (56.1%) would not eat in a restaurant if the cook was infected with the AIDS virus. The majority of parents (84.4%) thought that AIDS education should begin in school in Kindergarten to sixth grade and 76% would allow their child to be in the same classroom as a child with the AIDS virus. Among Alaskan adults, over half (59%) believe that a condom is somewhat effective in preventing getting the AIDS virus through sexual activity and 26.9% think that it is very effective. Nearly all of the persons surveyed knew of a place to go to be tested for the AIDS virus (see following pages).

ALASKAN BELIEFS AND OPINIONS ABOUT AIDS

Have you ever heard the AIDS virus called by the name HIV?

96.9% Yes (National BRFSS Range 91.84 to 98.65%, National Median 96.94%.)
2.1% No
1.0% Don't Know/Refused

To your knowledge are there drugs available that can lengthen the life of a person infected with the AIDS virus?

57.3% Yes (National BRFSS Range 40.44 to 64.95%, National Median 54.33%.)
23.8% No
18.9% Don't Know/Refused

Do you think a person who is infected with the AIDS virus can look and feel well and healthy?

84.6% Yes (National BRFSS Range 66.92 to 86.24%, National Median 79.65%.)
8.5% No
6.9% Don't Know/Refused

Do you think a person can get infected with the AIDS or the AIDS virus from donating blood?

40.6% Yes (National BRFSS Range 21.95 to 49.46%, National Median 38.4%.)
53.8% No
5.6% Don't Know/Refused

Do you think a person can get infected with AIDS or the AIDS virus from being cared for by a nurse, doctor, dentist, and other health care worker who has the AIDS virus?

71.1% Yes (National BRFSS Range 53.54 to 77.93%, National Median 69.48%.)
18.6% No
10.2% Don't Know/Refused

Do you think a pregnant women who has the AIDS virus can give it to her baby?

89.7% Yes (National BRFSS Range 82.5 to 94.59%, National Median 89.43%.)
2.3% No
8.0% Don't Know/Refused

Would you allow your child to be in the same classroom with a child who is infected with the AIDS virus? (Of respondents who had a child or children in kindergarten through eighth grade.)

76.0% Yes
10.9% No (National BRFSS Range 2.58 to 17.24%, National Median 8.11%)
13.1% Don't Know/Refused

At what grade do you think your child should begin AIDS education in school? (Of respondents who had a child or children in kindergarten through eighth grade.)

See chart next page

Would you eat in a restaurant where the cook is infected with the AIDS virus?

33.1% Yes (National BRFSS Range 17.75 to 39.05%, National Median 25.64%.)
56.1% No
10.8% Don't Know/Refused

Would you be willing to work with a person who is infected with the AIDS virus?

75.9% Yes (National BRFSS Range 61.96 to 80.84%, National Median 71.63%.)
15.6% No
8.5% Don't Know/Refused

How effective do you think using a condom is in preventing getting the AIDS virus through sexual activity?

26.9% Very effective (National BRFSS Range 15.58 to 35.55%, National Median 24.99%.)
59.0% Somewhat effective
8.3% Not at all effective
4.6% Did not know how effective

Where could you go to be tested for the AIDS virus?

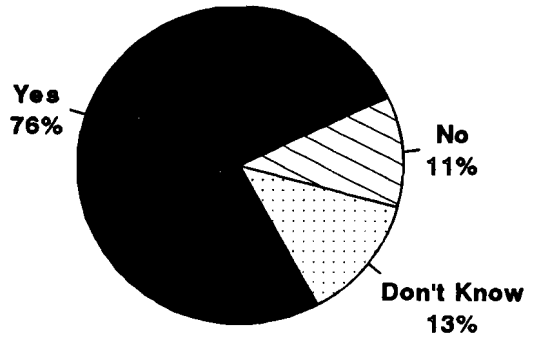
Private Doctor	33.7%	STD Clinic	0.7%
Blood Bank	1.0%	Community Clinic	20.3%
Health Department	6.3%	Company Clinic	0.2%
AIDS Clinic	0.7%	Military Exam	4.2%
Hospital or ER	26.0%	Other	1.5%
Family Planning Clinic	0.1%	No Place	0.2%
		Unknown/Refused	5.1%

What grade do you think your child should begin AIDS education in school?

Kindergarten	23.8%
1st - 3rd Grade	28.6%
4th - 6th Grade	32.0%
7th - 9th Grade	6.6%
10 - 12th Grade	0.9%
Don't Know/Refused	4.9%
Never	3.1%

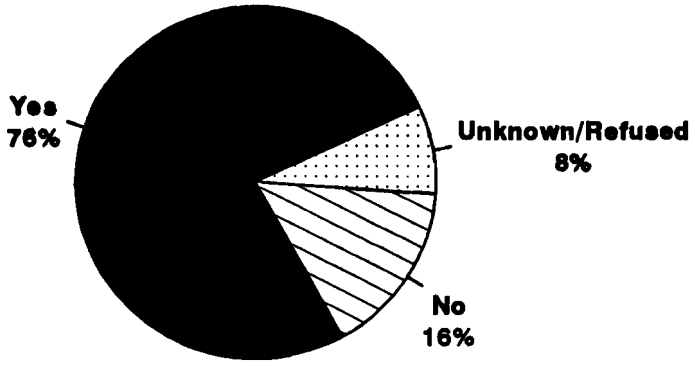
Division of Public Health
Alaska BRFSS 1992, Weighted Data
Denominator is persons w/child(ren) in K-8th grade (507)

Would you allow your child to be in the same classroom with a child infected with the AIDS virus?



Division of Public Health
Alaska BRFSS 1992, Weighted Data
Denominator is persons w/child(ren) in K-8 grade (507)

Would you be willing to work with a person infected with AIDS?



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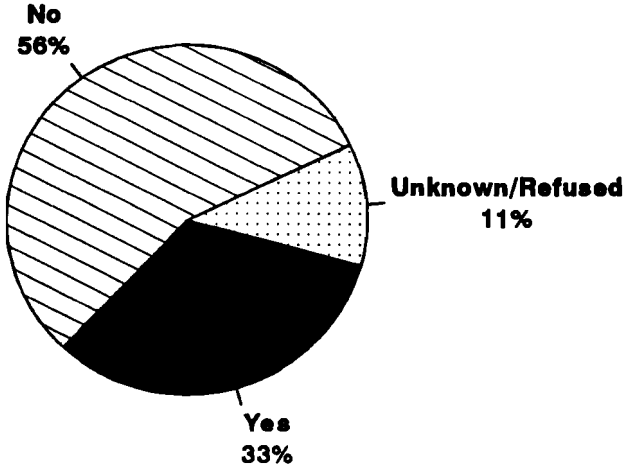
Alaska BRFSS 1992, Weighted Data

Would you eat in a restaurant where the cook is infected with AIDS?



Division of Public Health
Alaska BRFSS 1992, Weighted Data

INJURY CONTROL AND CHILD SAFETY

INJURY CONTROL AND CHILD SAFETY

During the first four decades of life, unintentional injuries claim more lives than infectious or chronic diseases. In 1987, 2.3 million years of life were prematurely taken by unintentional injuries, more than from any other cause. Nationally, American Indians and Alaska Natives have disproportionately higher death rates from motor vehicle crashes, residential fires, and drowning.

Unintentional injuries were the third leading cause of death in Alaska in 1992. During 1980 to 1985 Alaska children aged 0 to 14 years died from injuries at the highest rate in the nation.

BEHAVIORAL RISK FACTOR SURVEY

Is there a working smoke detector in your household?

Yes 93.9% No 5.0% Unknown 1.1%

In the past 12 months have you used a thermometer to test the temperature of the hot water?

Yes 9.6% No 88.7% Unknown 1.7%

Of the people surveyed, 45.9% had no children living in the household, 25.1% had children under the age of four, 15.6% had children between five and ten years old and 12.6% had children over ten years old. The following questions were asked of those persons who had children ages ten and younger living in the household (denominator = 582):

Do you have the telephone number for the poison control center in your area?

Yes 73.1% No 23.5% Unknown 3.3%

Do you now have any ipecac syrup in your household?

Yes 44.7% No 54.0% Unknown 1.3%

When riding in a car, how often is the youngest child buckled in a car safety seat or seat belt?

All the time 84.5%
Most of time 9.4%
Sometimes 2.6%
Rarely 0.2%
Never 1.5%

RISKS BY REGION

RISKS BY REGION

This section provides summary tables of the prevalence of behavioral health risks and the prevalence of health screening for each of the four BRFSS regions (strata) in Alaska. (See Appendix B) This section also provides a comparison of risk factors and health screening by strata.

Please note the following:

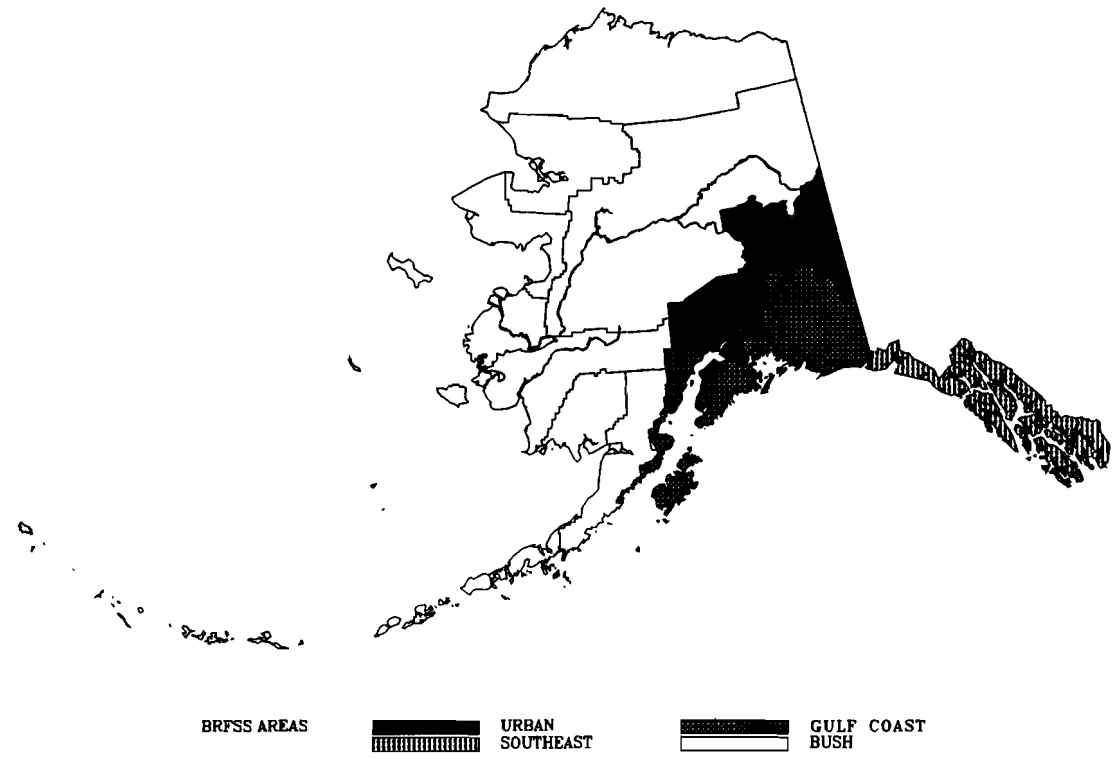
Prevalence estimates for each strata are weighted to the 18 and older population of the respective strata. (See Appendix C)

Prevalence estimates are based on denominators of less than 500 (approximately 384) and are therefore rounded to the nearest whole percent.

It is important to consider the confidence intervals when comparing prevalence estimates. Generally speaking, the smaller the sample size, the wider the range of values within which the true prevalence is believed to be.

n	=	Number of respondents at risk or number of respondents screened.
%	=	This is a weighted percentage of the strata population at risk (or screened) in this demographic subgroup, based on the survey data.
N	=	Total number of respondents in this subgroup, in this strata.
95% C.I.	=	95% Confidence Interval. The range of values within which the true value of a prevalence estimate would be expected to fall within, 95% of the time.

BRFSS SAMPLING REGIONS - 1992



The Alaska sample was stratified into four regions based on common demographics*:

	Total Pop.**	Pop. 18+	# interviews achieved
Strata 1 URBAN Anchorage, Fairbanks & vicinity	349,654	242,103	385
Strata 2 GULF COAST Kenai, Kodiak, Valdez, Cordova & vicinity	64,063	43,574	385
Strata 3 SOUTHEAST All of Southeast Alaska	68,989	48,103	384
Strata 4 BUSH All other nonurban areas of Alaska	67,337	43,393	382
STATEWIDE TOTAL	550,043	377,173	1,536

* See Appendix B
** 1990 Census Population

Table 16
Summary of Prevalence of Select Risk Factors
Strata 1 URBAN - Alaska BRFSS, 1992

RISK FACTOR	n	%	N	95% C.I.
Sedentary Lifestyle				
Male	72	42	169	33.3 - 49.6
Female	109	52	216	45.1 - 59.5
Total	181	47	385	41.1 - 52.2
Overweight (1)				
Male	46	25	169	18.3 - 32.4
Female	65	29	216	22.0 - 35.0
Total	111	27	385	22.1 - 31.7
Smoking				
Male	41	25	169	17.7 - 32.2
Female	51	27	216	19.9 - 33.5
Total	92	26	385	20.8 - 30.8
Acute Drinking				
Male	55	35	169	26.7 - 43.0
Female	23	11	216	6.3 - 15.9
Total	78	24	385	18.4 - 28.5
Chronic Drinking				
Male	14	9	169	3.9 - 15.0
Female	2	1	216	0.0 - 1.2
Total	16	5	385	2.2 - 8.2
Safety Belt Nonuse (2)				
Male	33	19	169	13.0 - 25.6
Female	17	6	216	2.9 - 8.9
Total	50	13	385	9.2 - 16.5
Hypertension (2)				
Male	28	13	169	7.9 - 18.0
Female	46	21	216	14.7 - 26.3
Total	74	17	385	12.7 - 20.5
No Health Care				
Male	21	11	169	6.3 - 16.6
Female	26	11	216	6.5 - 15.6
Total	47	11	385	7.8 - 14.7

Table 17
Summary of Prevalence of Select Health Sceening
Strata 1 URBAN - Alaska BRFSS, 1992

HEALTH SCREENING	n	%	N	95% C.I.
Cholesterol				
Male	110	60	169	51.9 - 68.8
Female	150	69	216	62.4 - 75.7
Total	260	65	385	59.0 - 70.0
Blood Pressure				
Male	158	93	169	89.2 - 97.3
Female	214	99	216	97.9 - 100
Total	372	96	385	93.8 - 98.3
Mammography				
Female >40	71	83	86	73.8 - 91.3
Pap Test (2)				
Female >18	162	89	182	84.1 - 93.8

n	=	Number of respondents at risk or number of respondents screened.
%	=	This is a weighted percentage of the strata population at risk (or screened) in this demographic subgroup, based on the survey data.
N	=	Total number of respondents in this subgroup, in this strata.
95% C.I.	=	95% Confidence Interval. The range of values within which the true value of a prevalence estimate would be expected to fall within, 95% of the time.

Table 18
Summary of Prevalence of Select Risk Factors
Strata 2 GULF COAST - Alaska BRFSS, 1992

RISK FACTOR	n	%	N	95% C.I.
Sedentary Lifestyle				
Male	91	49	183	40.7 - 56.6
Female	112	55	202	47.7 - 62.7
Total	203	52	385	46.1 - 57.2
Overweight (1)				
Male	57	30	183	22.3 - 36.7
Female	58	26	202	19.7 - 32.6
Total	115	28	385	23.1 - 32.9
Smoking				
Male	47	26	183	18.8 - 32.7
Female	61	31	202	24.1 - 38.3
Total	108	28	385	23.2 - 33.2
Acute Drinking				
Male	53	29	183	21.9 - 36.9
Female	19	9	202	4.7 - 13.3
Total	72	20	385	15.4 - 24.9
Chronic Drinking				
Male	11	8	183	2.7 - 13.8
Female	1	1	202	0.0 - 1.9
Total	12	5	385	1.6 - 7.9
Safety Belt Nonuse (2)				
Male	51	26	183	19.0 - 32.5
Female	30	14	202	9.1 - 19.7
Total	81	21	385	16.2 - 25.0
Hypertension (2)				
Male	34	18	183	11.8 - 23.6
Female	44	19	202	13.2 - 24.5
Total	78	18	385	14.1 - 22.3
No Health Care				
Male	49	27	183	19.6 - 33.4
Female	36	18	202	12.6 - 24.1
Total	85	23	385	18.2 - 27.4

Table 19
Summary of Prevalence of Select Health Sceening
Strata 2 GULF COAST - Alaska BRFSS, 1992

HEALTH SCREENING	n	%	N	95% C.I.
Cholesterol				
Male	122	64	183	56.6 - 72.0
Female	128	60	202	52.5 - 67.4
Total	250	62	385	56.9 - 67.8
Blood Pressure				
Male	167	91	183	86.6 - 95.4
Female	186	91	202	87.2 - 95.7
Total	353	91	385	88.1 - 94.3
Mammography				
Female >40	64	62	102	50.8 - 72.6
Pap Test (2)				
Female >18	115	76	149	68.2 - 83.5

n = Number of respondents at risk or number of respondents screened.
% = This is a weighted percentage of the strata population at risk (or screened) in this demographic subgroup, based on the survey data.
N = Total number of respondents in this subgroup, in this strata.
95% C.I. = 95% Confidence Interval. The range of values within which the true value of a prevalence estimate would be expected to fall within, 95% of the time.

Table 20
Summary of Prevalence of Select Risk Factors
Strata 3 SOUTHEAST - Alaska BRFSS, 1992

RISK FACTOR	n	%	N	95% C.I.
Sedentary Lifestyle				
Male	87	51	177	42.9 - 58.7
Female	97	48	207	40.9 - 55.8
Total	184	50	384	44.2 - 55.1
Overweight (1)				
Male	66	37	177	29.3 - 44.6
Female	56	27	207	20.1 - 33.1
Total	122	32	384	27.0 - 37.1
Smoking				
Male	47	27	177	20.1 - 34.2
Female	64	32	207	25.3 - 39.3
Total	111	30	384	24.6 - 34.6
Acute Drinking				
Male	59	36	177	28.5 - 43.9
Female	33	16	207	10.5 - 21.1
Total	92	27	384	21.6 - 31.5
Chronic Drinking				
Male	19	13	177	6.9 - 18.2
Female	5	2	207	0.2 - 3.8
Total	24	8	384	4.4 - 10.7
Safety Belt Nonuse (2)				
Male	51	25	177	18.6 - 31.7
Female	36	18	207	12.0 - 23.8
Total	87	22	384	17.3 - 26.2
Hypertension (2)				
Male	38	19	177	13.1 - 25.0
Female	34	16	207	10.5 - 20.9
Total	72	18	384	13.5 - 21.5
No Health Care				
Male	30	18	177	11.2 - 23.7
Female	21	10	207	5.7 - 14.6
Total	51	14	384	10.1 - 17.9

Table 21
Summary of Prevalence of Select Health Sceening
Strata 3 SOUTHEAST - Alaska BRFSS, 1992

HEALTH SCREENING	n	%	N	95% C.I.
Cholesterol				
Male	111	60	177	52.2 - 68.0
Female	141	66	207	58.8 - 73.1
Total	252	63	384	57.5 - 68.2
Blood Pressure				
Male	161	91	177	85.9 - 95.3
Female	201	97	207	95.3 - 99.5
Total	362	94	384	91.1 - 96.5
Mammography				
Female >40	78	69	105	57.8 - 79.3
Pap Test (2)				
Female >18	149	86	176	80.3 - 91.2

n	=	Number of respondents at risk or number of respondents screened.
%	=	This is a weighted percentage of the strata population at risk (or screened) in this demographic subgroup, based on the survey data.
N	=	Total number of respondents in this subgroup, in this strata.
95% C.I.	=	95% Confidence Interval. The range of values within which the true value of a prevalence estimate would be expected to fall within, 95% of the time.

Table 22
Summary of Prevalence of Select Risk Factors
Strata 4 BUSH - Alaska BRFSS, 1992

RISK FACTOR	n	%	N	95% C.I.
Sedentary Lifestyle				
Male	103	53	195	43.4 - 62.5
Female	94	51	187	43.0 - 59.9
Total	197	52	382	45.7 - 58.9
Overweight (1)				
Male	75	34	195	24.9 - 42.4
Female	83	41	187	32.7 - 49.1
Total	158	37	382	30.5 - 42.8
Smoking				
Male	71	39	195	29.8 - 49.0
Female	60	37	187	28.5 - 45.0
Total	131	38	382	31.7 - 44.9
Acute Drinking				
Male	63	37	195	27.7 - 47.0
Female	23	13	187	7.0 - 18.4
Total	86	27	382	20.6 - 33.5
Chronic Drinking				
Male	14	5	195	2.0 - 8.7
Female	2	1	187	0.0 - 3.0
Total	16	4	382	1.6 - 5.7
Safety Belt Nonuse (2)				
Male	66	36	195	26.8 - 46.1
Female	53	30	187	22.4 - 37.7
Total	119	34	382	27.3 - 40.3
Hypertension (2)				
Male	36	17	195	9.3 - 25.3
Female	40	19	187	12.3 - 25.2
Total	76	18	382	12.5 - 23.3
No Health Care				
Male	17	6	195	2.5 - 8.8
Female	7	4	187	1.1 - 7.6
Total	24	5	382	2.8 - 7.4

Table 23
Summary of Prevalence of Select Health Sceening
Strata 4 BUSH - Alaska, 1992

HEALTH SCREENING	n	%	N	95% C.I.
Cholesterol				
Male	101	42	195	32.5 - 51.0
Female	95	44	187	36.0 - 52.6
Total	196	43	382	36.4 - 49.3
Blood Pressure				
Male	177	89	195	83.1 - 95.4
Female	177	95	187	91.7 - 98.2
Total	354	92	382	87.7 - 95.4
Mammography				
Female >40	49	56	80	42.6 - 68.6
Pap Test (2)				
Female >18	150	87	172	81.3 - 93.4

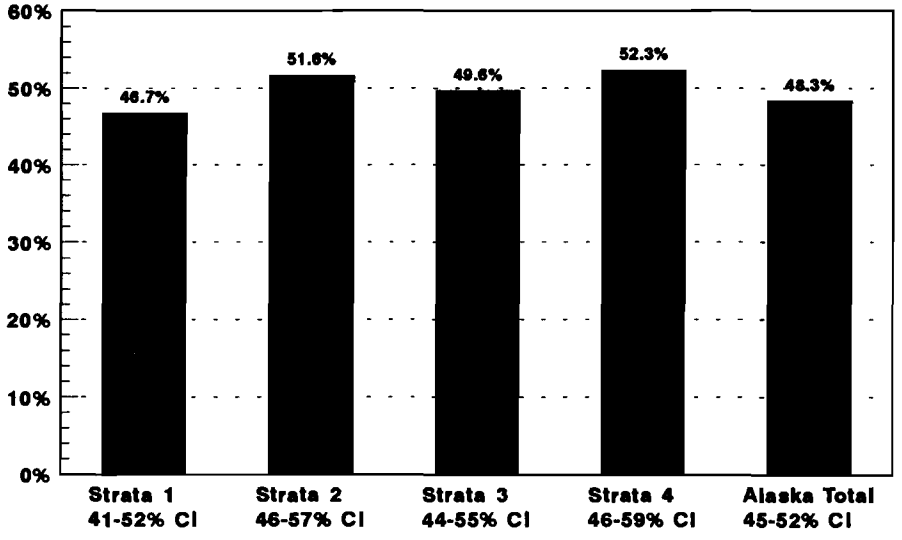
n = Number of respondents at risk or number of respondents screened.
% = This is a weighted percentage of the strata population at risk (or screened) in this demographic subgroup, based on the survey data.
N = Total number of respondents in this subgroup, in this strata.
95% C.I. = 95% Confidence Interval. The range of values within which the true value of a prevalence estimate would be expected to fall within, 95% of the time.

Table 24
Sedentary Lifestyle by Strata
Alaska BRFSS, 1992*

REGION	n	%	N	95% C.I.
Strata 1				
Male	72	42	169	33.3 - 49.6
Female	109	52	216	45.1 - 59.5
Total	181	47	385	45.1 - 52.2
Strata 2				
Male	91	49	183	40.7 - 56.6
Female	112	55	202	47.7 - 62.7
Total	203	52	385	46.1 - 57.2
Strata 3				
Male	87	51	177	42.9 - 58.7
Female	97	48	207	40.9 - 55.8
Total	184	50	384	44.2 - 55.1
Strata 4				
Male	103	53	195	43.4 - 62.5
Female	94	51	187	43.0 - 59.9
Total	197	52	382	45.7 - 58.9

* *See definition box on page 68*

Comparison of Risk Prevalence for Sedentary Lifestyle by Strata



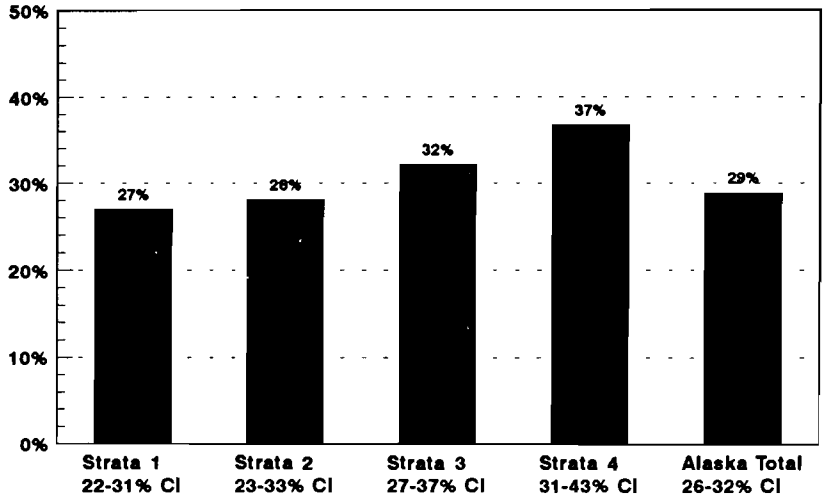
Division of Public Health
Alaska BRFSS 1992, Weighted Data
CI = 95% Confidence Interval

Table 25
Overweight (1) by Strata
Alaska BRFSS, 1992*

REGION	n	%	N	95% C.I.
Strata 1				
Male	46	25	169	18.3 - 32.4
Female	65	29	216	22.0 - 35.0
Total	111	27	385	22.1 - 31.7
Strata 2				
Male	57	30	183	22.3 - 36.7
Female	58	26	202	19.7 - 32.6
Total	115	28	385	23.1 - 32.9
Strata 3				
Male	66	37	177	29.3 - 44.6
Female	56	27	207	20.1 - 33.1
Total	122	32	384	27.0 - 37.1
Strata 4				
Male	75	34	195	24.9 - 42.4
Female	83	41	187	32.7 - 49.1
Total	158	37	382	30.5 - 42.8

* *See definition box on page 68*

Comparison of Risk Prevalence for Overweight (1) by Strata



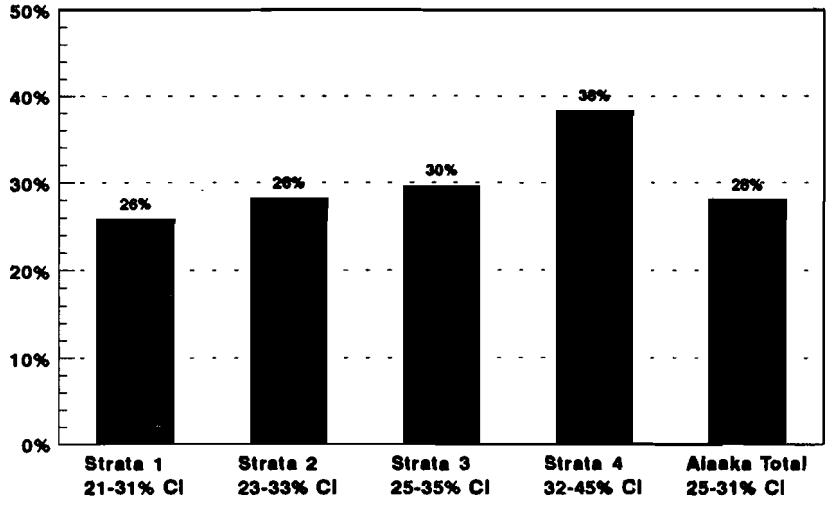
Division of Public Health
Alaska BRFSS 1992, Weighted Data
CI = 95% Confidence Interval

Table 26
Smoking by Strata
Alaska BRFSS 1992*

REGION	n	%	N	95% C.I.
Strata 1				
Male	41	25	169	17.7 - 32.2
Female	51	27	216	19.9 - 33.5
Total	92	26	385	20.8 - 30.8
Strata 2				
Male	47	26	183	18.8 - 32.7
Female	61	31	202	24.1 - 38.3
Total	108	28	385	23.2 - 33.2
Strata 3				
Male	47	27	177	20.1 - 34.2
Female	64	32	207	25.3 - 39.3
Total	111	30	384	24.6 - 34.6
Strata 4				
Male	71	39	195	29.8 - 49.0
Female	60	37	187	28.5 - 45.0
Total	131	38	382	31.7 - 44.9

* *See definition box on page 68*

Comparison of Risk Prevalence for Smoking by Strata



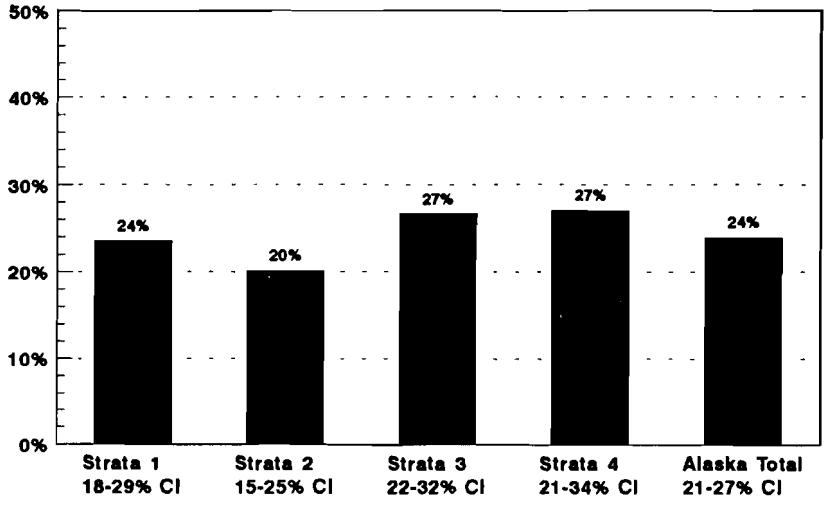
Division of Public Health
Alaska BRFSS 1992, Weighted Data
CI = 95% Confidence Interval

Table 27
Acute Drinking by Strata
Alaska BRFSS 1992*

REGION	n	%	N	95% C.I.
Strata 1				
Male	55	35	169	26.7 - 43.0
Female	23	11	216	6.3 - 15.9
Total	78	24	385	18.4 - 28.5
Strata 2				
Male	53	29	183	21.9 - 36.9
Female	19	9	202	4.7 - 13.3
Total	72	20	385	15.4 - 24.9
Strata 3				
Male	59	36	177	28.5 - 43.9
Female	33	16	207	10.5 - 21.1
Total	92	27	384	21.6 - 31.5
Strata 4				
Male	63	37	195	27.7 - 47.0
Female	23	13	187	7.0 - 18.4
Total	86	27	382	20.6 - 33.5

* *See definition box on page 68*

Comparison of Risk Prevalence for Acute Drinking by Strata



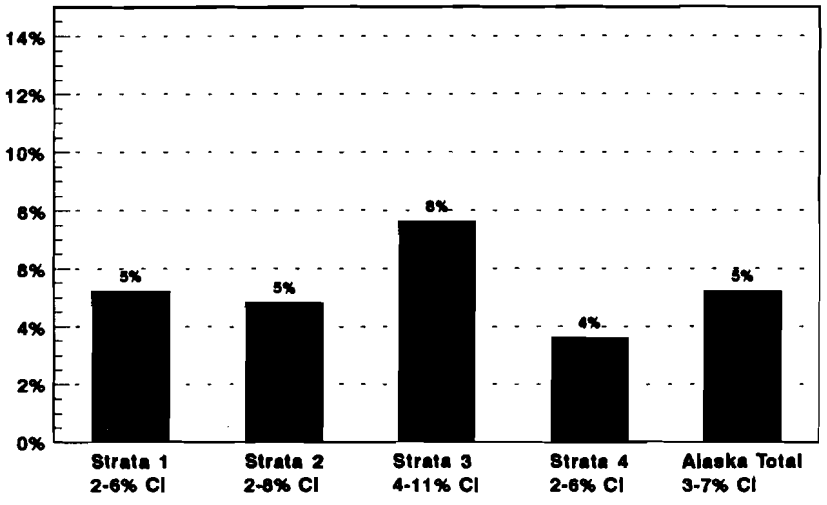
Division of Public Health
Alaska BRFSS 1992, Weighted Data
CI = 95% Confidence Interval

Table 28
Chronic Drinking by Strata
Alaska BRFSS 1992*

REGION	n	%	N	95% C.I.
Strata 1				
Male	14	9	169	3.9 - 15.0
Female	2	1	216	0.0 - 1.2
Total	16	5	385	2.2 - 8.2
Strata 2				
Male	11	8	183	2.7 - 13.8
Female	1	1	202	0.0 - 1.9
Total	12	5	385	1.6 - 7.9
Strata 3				
Male	19	13	177	6.9 - 18.2
Female	5	2	207	1.2 - 3.8
Total	24	8	384	4.4 - 10.7
Strata 4				
Male	14	5	195	2.0 - 8.7
Female	2	1	187	0.0 - 3.0
Total	16	4	382	1.6 - 5.7

* *See definition box on page 68*

Comparison of Risk Prevalence for Chronic Drinking by Strata



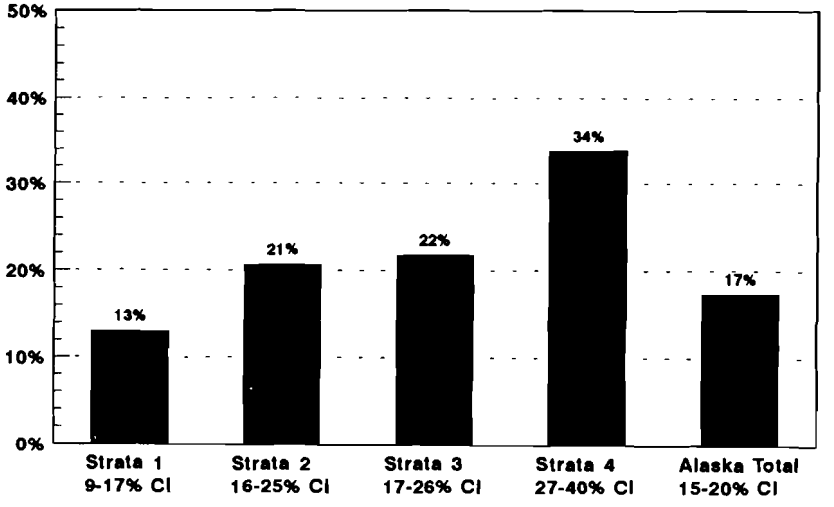
Division of Public Health
Alaska BRFSS 1992, Weighted Data
CI = 95% Confidence Interval

Table 29
Safety Belt Nonuse (2) by Strata
Alaska BRFSS 1992*

REGION	n	%	N	95% C.I.
Strata 1				
Male	33	19	169	13.0 - 25.6
Female	17	6	216	2.9 - 8.9
Total	50	13	385	9.2 - 16.5
Strata 2				
Male	51	26	183	19.0 - 32.5
Female	30	14	202	9.1 - 19.7
Total	81	21	385	16.2 - 25.0
Strata 3				
Male	51	25	177	18.6 - 31.7
Female	36	18	207	12.0 - 23.8
Total	87	22	384	17.3 - 26.2
Strata 4				
Male	66	36	195	26.8 - 46.1
Female	53	30	187	22.4 - 37.7
Total	119	34	382	27.3 - 40.3

* *See definition box on page 68*

Comparison of Risk Prevalence for Safety Belt Nonuse (2) by Strata



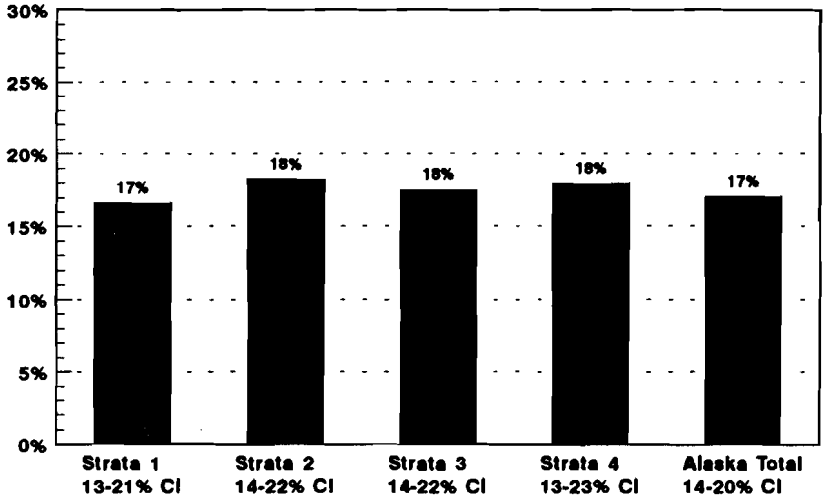
Division of Public Health
Alaska BRFSS 1992, Weighted Data
CI = 95% Confidence Interval

Table 30
Hypertension (2) by Strata
Alaska BRFSS 1992*

REGION	n	%	N	95% C.I.
Strata 1				
Male	28	13	169	7.9 - 18.0
Female	46	21	216	14.7 - 26.3
Total	74	17	385	12.7 - 20.5
Strata 2				
Male	34	18	183	11.8 - 23.6
Female	44	19	202	13.2 - 24.5
Total	78	18	385	14.1 - 22.3
Strata 3				
Male	38	19	177	13.1 - 25.0
Female	34	16	207	10.5 - 20.9
Total	72	18	384	13.5 - 21.5
Strata 4				
Male	36	17	195	9.3 - 25.3
Female	40	19	187	12.3 - 25.2
Total	76	18	382	12.5 - 23.3

* *See definition box on page 68*

Comparison of Risk Prevalence for Hypertension (2) by Strata



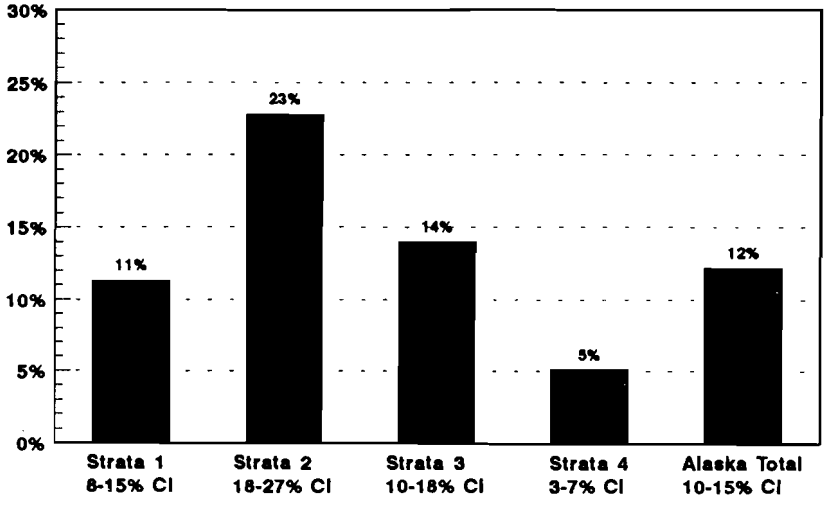
Division of Public Health
Alaska BRFSS 1992, Weighted Data
CI = 95% Confidence Interval

Table 31
No Health Care Plan by Strata
Alaska BRFSS 1992*

REGION	n	%	N	95% C.I.
Strata 1				
Male	21	11	169	6.3 - 16.6
Female	26	11	216	6.5 - 15.6
Total	47	11	385	7.8 - 14.7
Strata 2				
Male	49	27	183	19.6 - 33.4
Female	36	18	202	12.6 - 24.1
Total	85	23	385	18.2 - 27.1
Strata 3				
Male	30	18	177	11.2 - 23.7
Female	21	10	207	5.7 - 14.6
Total	51	14	384	10.1 - 17.9
Strata 4				
Male	17	6	195	2.5 - 8.8
Female	7	4	187	1.1 - 7.6
Total	24	5	382	2.8 - 7.4

* *See definition box on page 68*

Comparison of Risk Prevalence for No Health Care Plan by Strata



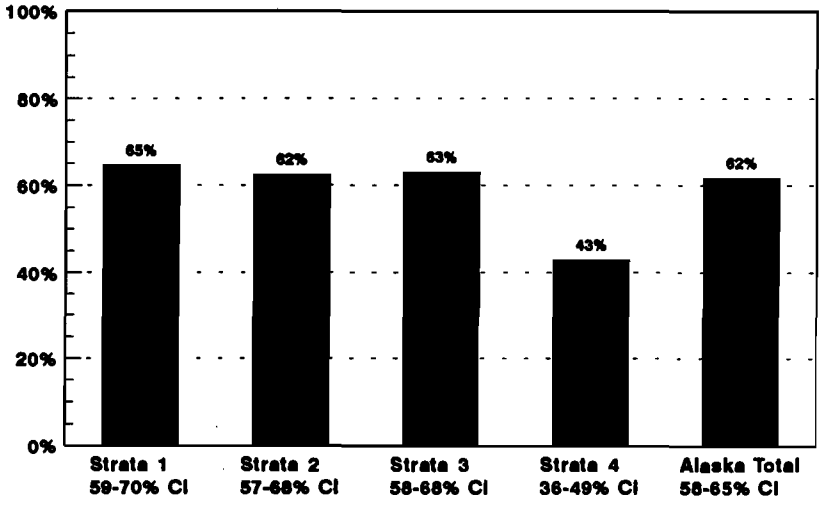
Division of Public Health
Alaska BRFSS 1992, Weighted Data
CI = 95% Confidence Interval

Table 32
Cholesterol Screening by Strata
Alaska BRFSS 1992*

REGION	n	%	N	95% C.I.
Strata 1				
Male	110	60	169	51.9 - 68.8
Female	150	69	216	62.4 - 75.7
Total	260	65	385	59.0 - 70.0
Strata 2				
Male	122	64	183	56.6 - 72.0
Female	128	60	202	52.5 - 67.4
Total	250	62	385	56.9 - 67.8
Strata 3				
Male	111	60	177	52.2 - 68.0
Female	141	66	207	58.8 - 73.1
Total	252	63	384	57.5 - 68.2
Strata 4				
Male	101	42	195	32.5 - 51.0
Female	95	44	187	36.0 - 52.6
Total	196	43	382	36.4 - 49.3

* *See definition box on page 68*

Comparison of Prevalence of Cholesterol Screening by Strata



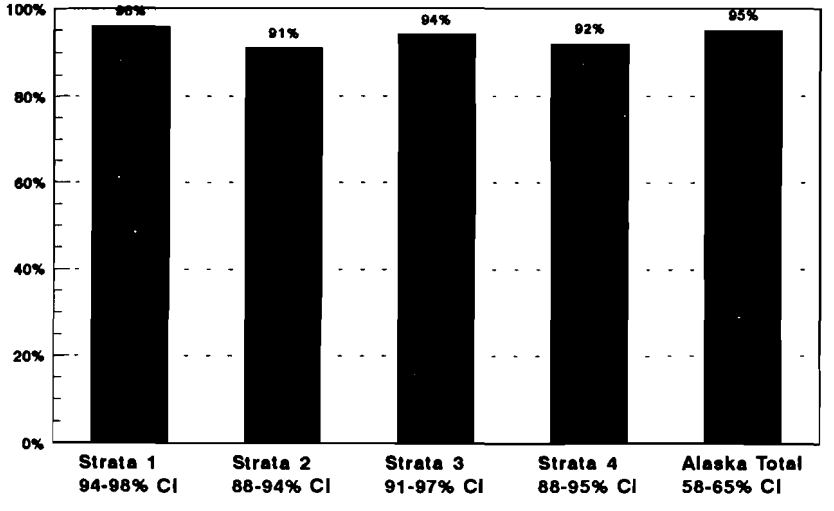
Division of Public Health
Alaska BRFSS 1992, Weighted Data
CI = 95% Confidence Interval

Table 33
Blood Pressure Screening by Strata
Alaska BRFSS 1992*

REGION	n	%	N	95% C.I.
Strata 1				
Male	158	93	169	89.2 - 97.3
Female	214	99	216	97.9 - 100
Total	372	96	385	93.8 - 98.3
Strata 2				
Male	167	91	183	86.6 - 95.4
Female	186	91	202	87.2 - 95.7
Total	353	91	385	88.1 - 94.3
Strata 3				
Male	161	91	177	85.9 - 95.3
Female	201	97	207	95.3 - 99.5
Total	362	94	384	91.1 - 96.5
Strata 4				
Male	177	89	195	83.1 - 95.4
Female	177	95	187	91.7 - 98.2
Total	354	92	382	87.7 - 95.4

* *See definition box on page 68*

Comparison of Prevalence of Blood Pressure Screening by Strata



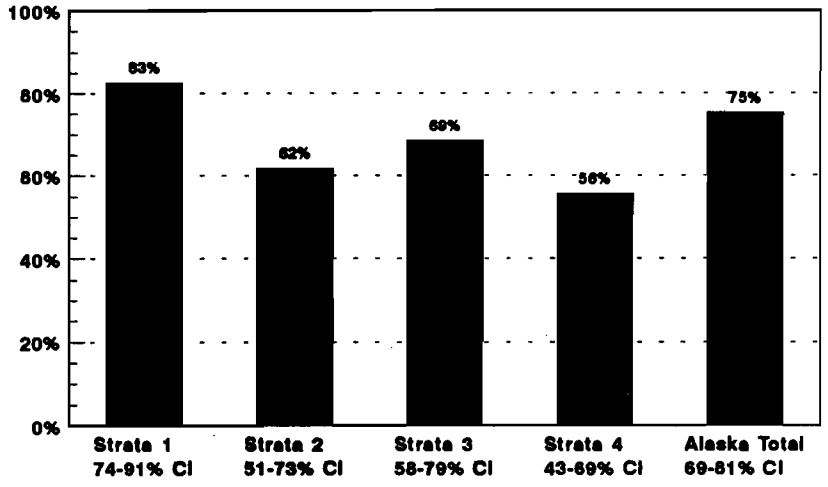
Division of Public Health
Alaska BRFSS 1992, Weighted Data
CI = 95% Confidence Interval

Table 34
Mammography Screening by Strata
Alaska BRFSS 1992*

REGION	n	%	N	95% C.I.
Strata 1 Female ≥ 40	71	83	86	73.8 - 91.3
Strata 2 Female ≥ 40	64	62	102	50.8 - 72.6
Strata 3 Female ≥ 40	78	69	105	57.8 - 79.3
Strata 4 Female ≥ 40	49	56	80	42.6 - 68.6

* *See definition box on page 68*

Comparison of Prevalence of Mammography* by Strata



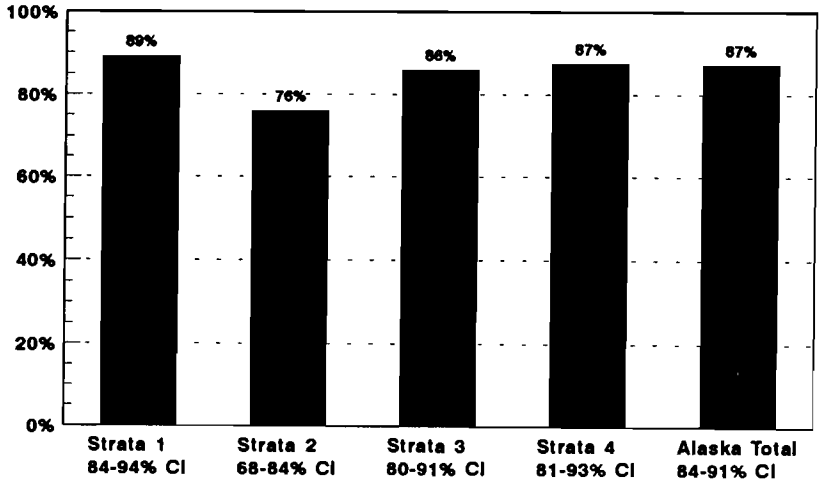
Division of Public Health
Alaska BRFSS 1992, Weighted Data
*women 40 and older ever had a mammogram
CI = 95% Confidence Interval

Table 35
Pap Test (2) Screening by Strata
Alaska BRFSS 1992*

REGION	n	%	N	95% C.I.
Strata 1 Female ≥ 18	162	89	182	84.1 - 93.8
Strata 2 Female ≥ 18	115	76	149	68.2 - 83.5
Strata 3 Female ≥ 18	149	86	176	80.3 - 91.2
Strata 4 Female ≥ 18	150	87	172	81.3 - 93.4

* *See definition box on page 68*

Comparison of Prevalence for Pap Test* by Strata



Division of Public Health
Alaska BRFSS 1992, Weighted Data
*respondents reporting having had a pap smear within the last 2 years
CI = 95% Confidence Interval

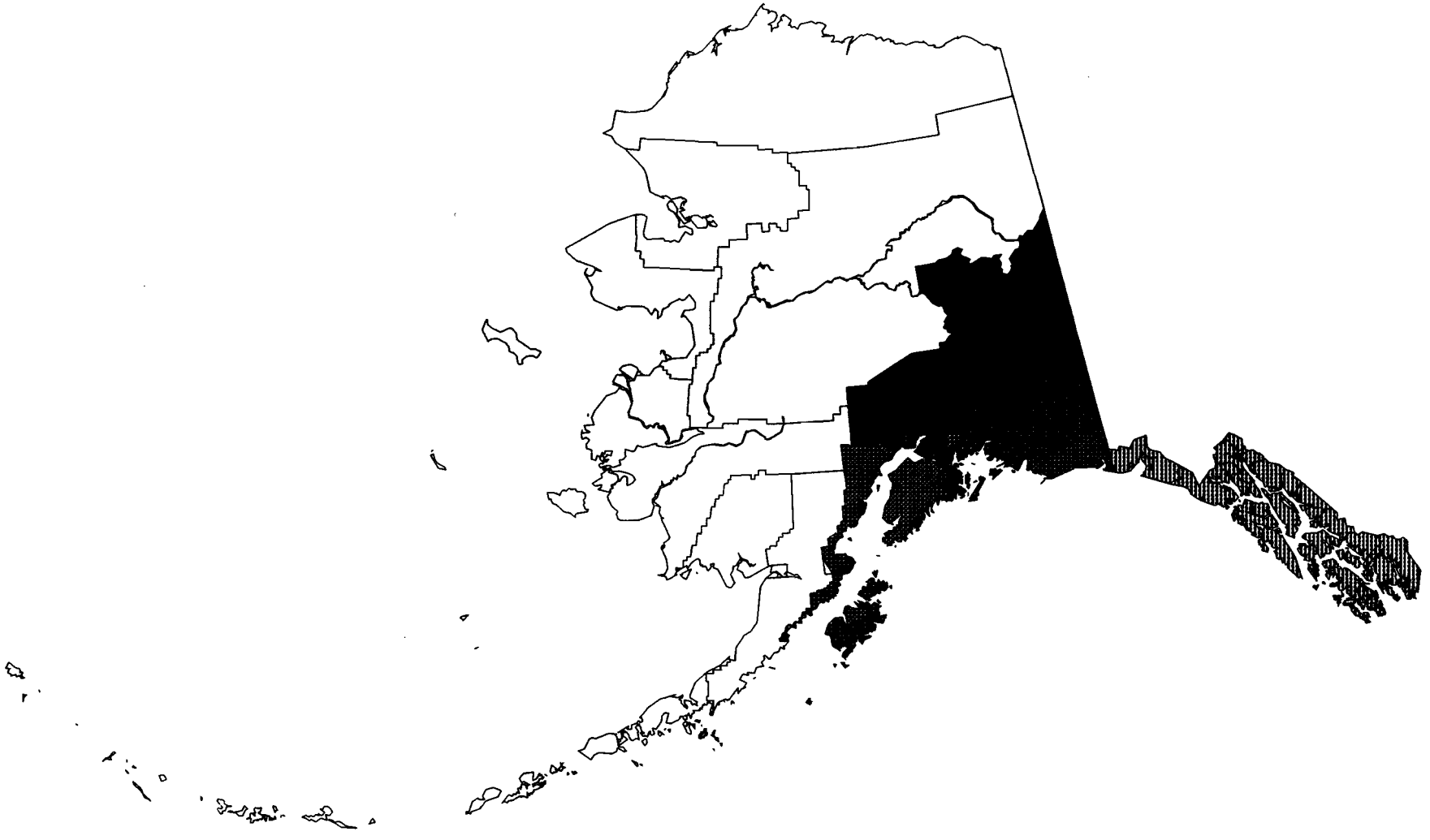
APPENDICES

APPENDIX A: BRFSS DEFINITIONS

ACUTE (BINGE) DRINKING	Respondents who report having five or more drinks on an occasion, one or more times in the past month.
BLOOD PRESSURE	Respondents who report they have had their blood pressure checked within the past two years.
CHOLESTEROL	Respondents who report they have had their blood cholesterol checked within the past five years.
CHRONIC DRINKING	Respondents who report an average of 60 or more alcoholic drinks a month.
CIGARETTE SMOKING	Current regular smoker (ever smoked 100 cigarettes and smoke regularly now).
DRINKING AND DRIVING	Respondents who report having driven after having too much to drink, one or more times in the past month.
HYPERTENSION(2)	Respondents who report they have ever been told they have hypertension (high blood pressure).
MAMMOGRAM	Females 40 and older who report they ever had a mammogram.
MAMMOGRAM (2)	Females 50 and older who report they have had a mammogram within the past two years.
MAMMOGRAM AND CLINICAL BREAST EXAM	Females 40 and older who report that they have ever had a mammogram and a breast exam.
MAMMOGRAM AND CLINICAL BREAST EXAM (2)	Females 50 and older who report they have had a mammogram and a breast exam in the past two years.
OVERWEIGHT(1)	Respondents at or above 120% of ideal weight. Ideal weight defined as the mid-value of a medium frame person from the 1959 metropolitan height-weight tables.
OVERWEIGHT(2)	Females with body mass index [weight in kilograms divided by height in meters squared (W/H**2)] > =27.3 and males with body mass index > = 27.8.

PAP TEST	Females with intact cervix-uteri who report they have ever had a pap smear test.
PAP TEST (2)	Females with intact cervix-uteri who report they have had a pap smear within the past two years.
SAFETY BELT(2)	Respondents reporting they "sometimes", "seldom" or "never" use seat belts.
SAFETY BELT(3)	Respondents reporting they "nearly always", "sometimes", "seldom", or "never" use seat belts (i.e., do not always use a seat belt).
SEDENTARY LIFESTYLE	Respondents who report no activity or a physical activity or pair of activities that were done for 20 minutes or less, or fewer than three times per week. Four patterns of physical activity are defined as 1) physically inactive 2) irregular 3) regular and 4) regular and vigorous.

APPENDIX B-1: BRFSS SAMPLING REGIONS



APPENDIX B-2: ALASKA BRFSS SAMPLE DESIGN*

	Total Pop.	White	AK Native/ Am. Indian	Other	18 +
Strata 1 URBAN					
Anchorage Borough	226,338	185,601	14,780	25,957	159,361
Fairbanks-Northstar	77,720	64,672	5,383	7,665	53,313
Matanuska-Susitna	39,683	37,114	1,952	617	25,631
Southeast Fairbanks	5,913	4,734	798	381	3,798
TOTAL	**349,654**	**292,121**	**22,913**	**34,620**	**242,103**
Strata 2 GULF COAST					
Kenai Peninsula	40,802	37,220	2,942	640	27,370
Kodiak Island	13,309	9,467	2,162	1,680	9,153
Valdez Cordova	9,952	8,298	1,266	388	7,051
TOTAL	**64,063**	**54,985**	**6,370**	**2,708**	**43,574**
Strata 3 SOUTHEAST					
Haines Borough	2,117	1,817	282	18	1,525
Juneau Borough	26,751	21,765	3,509	1,477	18,889
Ketchikan Gateway	13,828	11,363	1,913	552	9,693
Prince of Wales	6,278	3,872	2,368	38	4,241
Sitka	8,588	6,406	1,805	377	5,955
Skagway, Yakutat, Angoon	4,385	2,662	1,681	42	2,947
Wrangell, Petersburg	7,042	5,565	1,370	107	4,853
TOTAL	**68,989**	**53,450**	**12,928**	**2,611**	**48,103**
Strata 4 BUSH					
Aleutians East	2,464	909	1,052	503	1,911
Aleutian Islands	9,478	6,661	1,101	1,716	7,588
Bethel Census	13,656	2,122	11,379	155	8,325
Bristol Bay Borough	1,410	905	455	50	1,030
Dillingham	4,012	1,035	2,938	39	2,508
Lake & Peninsula Borough	1,668	392	1,263	13	1,036
Nome	8,288	2,064	6,157	67	5,119
North Slope Borough	5,979	1,307	4,344	328	3,734
Northwest Arctic	6,113	842	5,211	60	3,471
Wade Hampton	5,791	349	5,407	35	3,151
Yukon-Koyukuk	8,478	3,603	4,734	141	5,520
TOTAL	**67,337**	**20,189**	**44,041**	**3,107**	**43,393**
STATEWIDE TOTAL	**550,043**	**420,745**	**86,252**	**43,046**	**377,173**

* April 1990 MARS data, Alaska Department of Labor, Research and Analysis Section, Demographic Unit

APPENDIX C: ALASKA BRFSS STRATA DESCRIPTION*

Age	Total Pop.	Male	Female	White	Native	Other
Strata 1 URBAN						
18-24	37,553	20,504	17,049	30,096	2,924	4,533
25-34	74,028	37,576	36,452	61,696	4,562	7,770
35-44	66,005	34,745	31,260	57,292	3,228	5,485
45-54	33,765	18,081	15,684	29,659	1,777	2,329
55-64	18,031	9,402	8,629	15,731	1,001	1,299
65+	12,721	5,816	6,905	10,972	713	1,036
TOTAL	**242,103**	**126,124**	**115,979**	**205,446**	**14,205**	**22,452**
Strata 2 GULF COAST						
18-24	5,335	2,979	2,356	4,401	675	259
25-34	12,328	6,607	5,721	10,635	1,148	545
35-44	12,866	7,081	5,785	11,416	937	513
45-54	6,427	3,617	2,810	5,630	555	242
55-64	3,745	2,079	1,666	3,196	389	160
65+	2,873	1,462	1,411	2,416	348	109
TOTAL	**43,574**	**23,825**	**19,749**	**37,694**	**4,052**	**1,828**
Strata 3 SOUTHEAST						
18-24	5,703	3,045	2,658	4,065	1,430	208
25-34	13,178	6,824	6,354	10,400	2,233	545
35-44	13,584	7,226	6,358	11,442	1,706	436
45-54	7,660	4,272	3,388	6,377	1,074	209
55-64	4,107	2,212	1,895	3,200	740	167
65+	3,871	1,801	2,070	3,017	689	165
TOTAL	**48,103**	**25,380**	**22,723**	**38,501**	**7,872**	**1,730**
Strata 4 BUSH						
18-24	8,048	4,742	3,306	2,685	4,711	652
25-34	13,982	8,174	5,808	5,320	7,661	1,001
35-44	9,993	5,976	4,017	4,422	5,005	566
45-54	5,392	3,124	2,268	2,151	3,033	208
55-64	3,348	1,889	1,459	849	2,383	116
65+	2,630	1,339	1,291	276	2,332	22
TOTAL	**43,393**	**25,244**	**18,149**	**15,703**	**25,125**	**2,565**

* April 1990 MARS data, Alaska Department of Labor, Research and Analysis Section, Demographic Unit.

APPENDIX D: ALASKA BRFSS 1992 SURVEY POPULATION by Age and Gender

Age	Male	Female	Total
Strata 1 URBAN			
18-24	14	20	34
25-34	47	69	116
35-44	50	63	113
45-54	29	34	63
55-64	21	14	35
65+	7	16	23
Unknown	1	-	1
TOTAL	**169**	**216**	**385**
Strata 2 GULF COAST			
18-24	18	20	38
25-34	35	52	87
35-44	65	50	115
45-54	34	38	72
55-64	21	15	36
65+	10	27	37
Unknown	-	-	-
TOTAL	**183**	**202**	**385**
Strata 3 SOUTHEAST			
18-24	16	16	32
25-34	47	59	106
35-44	50	63	113
45-54	33	35	68
55-64	15	15	30
65+	16	19	35
Unknown	-	-	-
TOTAL	**177**	**207**	**384**
Strata 4 BUSH			
18-24	11	19	30
25-34	44	47	91
35-44	63	60	123
45-54	37	32	69
55-64	26	15	41
65+	14	13	27
Unknown	-	1	1
TOTAL	**195**	**187**	**382**

APPENDIX E: ALASKA BRFSS 1992 SURVEY POPULATION by Race

Age	White	Native	Other	Unknown	Total
Strata 1 URBAN					
18-24	27	3	4		34
25-34	94	10	12	-	116
35-44	98	5	7	3	113
45-54	57	3	3	-	63
55-64	31	3	1	-	35
65+	21	2	0	-	23
Unknown	1	-	-	-	1
TOTAL	**329**	**26**	**27**	**3**	**385**
Strata 2 GULF COAST					
18-24	32	3	1	2	38
25-34	79	6	2	-	87
35-44	102	6	6	1	115
45-54	67	4	1	-	72
55-64	33	3	-	-	36
65+	33	3	1	-	37
Unknown	-	-	-	-	-
TOTAL	**346**	**25**	**11**	**3**	**385**
Strata 3 SOUTHEAST					
18-24	28	4	-	-	32
25-34	83	20	2	1	106
35-44	97	12	4	-	113
45-54	59	7	1	1	68
55-64	26	2	1	1	30
65+	29	4	1	1	35
Unknown	-	-	-	-	-
TOTAL	**322**	**49**	**9**	**4**	**384**
Strata 4 BUSH					
18-24	10	20	-	-	30
25-34	45	44	2	-	91
35-44	82	36	5	-	123
45-54	38	30	1	-	69
55-64	15	25	1	-	41
65+	6	21	-	-	27
Unknown	-	1	-	-	1
TOTAL	**196**	**177**	**9**	**-**	**382**

APPENDIX F: TELEPHONE COVERAGE IN ALASKA*

	Occupied Housing	# with Phones	% Total
Strata 1 URBAN			
Anchorage Borough	82,702	79,890	96.59
Fairbanks-Northstar	26,693	24,960	93.50
Matanuska-Susitna	13,394	12,357	92.25
Southeast Fairbanks	1,909	1,521	79.67
TOTAL	**124,698**	**118,728**	**95.21**
Strata 2 GULF COAST			
Kenai Peninsula	14,250	12,858	90.23
Kodiak Island	4,083	3,752	91.89
Valdez Cordova	3,425	2,834	82.74
TOTAL	**21,758**	**19,444**	**89.36**
Strata 3 SOUTHEAST			
Haines Borough	791	589	74.46
Juneau Borough	9,902	9,422	95.15
Ketchikan Gateway	5,030	4,720	93.83
Prince of Wales	2,061	1,404	68.12
Sitka	2,939	2,720	92.54
Skagway, Yakutat, Angoon	1,422	1,117	78.55
Wrangell, Petersburg	2,514	2,172	86.39
TOTAL	**24,659**	**22,144**	**89.80**
Strata 4 BUSH			
Aleutians East	533	469	87.99
Aleutian Islands	1,845	1,674	90.73
Bethel Census	3,605	2,507	69.54
Bristol Bay Borough	407	366	89.92
Dillingham	1,215	1,006	82.79
Lake & Peninsula Borough	509	342	67.19
Nome	2,371	1,727	72.83
North Slope Borough	1,673	1,342	80.21
Northwest Arctic	1,526	1,031	67.56
Wade Hampton	1,368	722	52.77
Yukon-Koyukuk	2,748	1,683	61.24
TOTAL	**17,800**	**12,869**	**72.30**
STATEWIDE TOTAL	**188,915**	**173,185**	**91.67**

* 1990 Census Data, STF2

APPENDIX G: AK BRFSS TELEPHONE SAMPLE GENERATION

The statewide sample was stratified into four regions for the study. Within each region's sample, the proportion of interviews in each prefix is the same as the proportion of active residential lines in that prefix relative to all the active residential lines in the region.

The Institute of Social and Economic Research, University of Alaska, Anchorage (ISER) generates the statewide random telephone number sample using two different techniques; 1) for large telephone exchanges and 2) for small telephone exchanges. For large exchanges (over 2,000 residential lines in most cases) a random telephone number generation program (RANDY) developed by Jim Kerr for Professor Jack Kruse. For small exchanges, residential numbers listed in the relevant telephone book are entered and numbers are randomly selected from this pool.

Large telephone exchanges (randomly generated numbers):

The advantage of randomly generated numbers is that 1) unlisted as well as listed numbers are included in the sample, 2) with good information from the telephone utilities, it means many non-working and business numbers can be filtered out; and 3) it is relatively inexpensive.

Generated numbers from RANDY: RANDY works by randomly selecting a prefix (from a list of relevant prefixes) and generating 48 suffixes (random 4-digit numbers) for it. Each line of prefix-plus-48-suffixes represents one interview. For each potential interview, 48 different suffixes are generated, so that even in the smallest prefixes, the line contains at least one working, residential number with residents willing to be interviewed. RANDY repeats this process until the sample size is achieved.

Information is collected from the telephone utilities on the number of active residential lines in each prefix. This information is used to determine the proportion of each prefix in the total sample.

To improve the "hit rate" (working residential numbers as a proportion of all numbers generated) information is also collected on blocks of numbers assigned to businesses, pay phones, or not assigned, so as to exclude these numbers.

The data collected is read into the program, which calculates the proportion of working telephone numbers in each prefix. Each proportion is expressed as a decimal between 0 and 1.

RANDY then begins the iterative process of generating the sample. Each iteration involves the following:

- A prefix is selected at random
- RANDY randomly selects a number between 0 and 1, and compares it to the proportion calculated above for the selected prefix.
- If the random number is less than or equal to the prefix's proportion, the prefix is selected.
- If the random number is greater than the prefix's proportion, the prefix is dropped and the iteration starts over.
- Once a prefix is selected, RANDY generates random 4-digit suffixes, filtering out those that are known not to work, until it has generated 48 suffixes.
- The process is repeated until the desired sample is generated.

After RANDY has generated all the needed numbers, it uses a heap sort algorithm to index all the numbers (in this case, the entire 7-digit number, not just the 4-digit suffix). The program compares the numbers and the second and subsequent occurrences of any repeating numbers are deleted. These deleted numbers are not replaced.

Small telephone exchanges (randomly selected numbers from entered sample):

The reason entered numbers are used for small exchanges, is that in Alaska's smaller exchanges there may be fewer than 100 residential phones (sometimes fewer than ten). If large blocks of numbers cannot be excluded from the potential telephone numbers then generating random suffixes will produce only one in 100 (or even one in 1,000) working numbers (since for every telephone prefix there are 10,000 possible phone numbers).

Small exchanges would produce very low hit rates with randomly generated numbers, unless the utility assigned from only a small block of numbers, which is not usually the case. Two thousand active residential lines are chosen as the cutoff point for using random number generation. Using utility data, those exchanges are identified, and from the most recent available telephone books, all residential numbers listed in each small exchange are entered. Some of these small exchanges cannot be entered because some are included in with Anchorage exchanges. Therefore, even though they are quite small, they are in the randomly generated sample (and suffer a high rate on non-working numbers).

The disadvantage of using entered numbers is that households with unlisted numbers are missed. Experience has shown, however, that as telephone access spread in the bush during the seventies and eighties, less rural than urban households chose to have their numbers unlisted.

For each region, then, there is a file of all the listed residential telephone numbers in that region. Numbers are chosen from the file randomly and printed out in a list, which is slightly larger than the desired sample size. Enough numbers are included in the list to provide replacements for households which have recently moved (or disconnected their telephones for other reasons since phone book publication) and refusals. Because the file contains the entire universe of listed numbers, a sample randomly drawn from it is self-weighting; no adjustment is needed to provide the correct proportion from each prefix.

APPENDIX H: 1992 BRFSS RESPONSE RATES

INDICATOR	BRFSS OBJECTIVE	BRFSS MEDIAN	ALASKA ACHIEVED
CASRO RESPONSE RATE	$\geq$ 75	70.6	77.3
UPPER BOUND RATE	$\geq$ 90	82.9	86.4
% REFUSALS	$\leq$ 10	7.4	5.0

RESPONSE RATES:

The response rate measures the extent to which interviews were completed from among the telephone numbers selected for the sample. The higher the response rate, the lower the potential will be for bias in the data. The two estimates that are used for BRFSS provide a combination of monitoring information that are useful for program management. The formulas are described as follows:

CASRO RESPONSE RATE: The response rate developed by the Council of American Survey Research Organizations (CASRO), apportions dispositions with unknown eligibility status (ring no answer and busy) to dispositions representing eligible respondents in the same proportion as exists among calls of known status (all other BRFSS call dispositions). The resulting estimate reflects telephone sampling efficiency and the degree of cooperation among eligibles contacted.

UPPER BOUND RESPONSE RATE: The most liberal of response rates formulas, the upper bound calculation includes only refusals, terminations and completed interviews The resulting estimates reflects the cooperation of eligibles contacted and is not affected by differences in telephone sampling efficiency.

REFUSALS: The percentage of refusals of total dispositions in a given interviewing period is an indicator of both interviewer performance and degree of potential bias in the survey data. Ten percent or less is a generally acceptable standard.

APPENDIX I: WEIGHTING

As used here, unweighted data are the actual responses of each respondent. By weighting the data, the responses of persons in various subgroups are adjusted to compensate for the overrepresentation or underrepresentation of these persons in the survey sample. Factors that are adjusted for include the following:

- The number of telephone numbers per household.
- The number of adults in a household.
- The demographic distribution of the sample.

The first two factors address the problem of unequal selection probability, which could result in a biased sample—one that doesn't really represent the population. For example, an interviewee in a one-adult household has four times the chance of being selected for an interview as does an adult in a four-adult household. A household with two telephone numbers has twice the chance of being dialed as a household with one telephone number. The first two factors are combined to compute a raw (or unadjusted) weight.

Data are then further weighted. Poststratification is the method used to adjust the distribution of the sample data so that it reflects the total population of the sampled area. The poststratification factor is calculated by computing the ratio of the age, race, and sex distribution of the state population divided by that of the survey sample. This factor is then multiplied by the raw weight to compute an adjusted, or final-weight, variable.

This procedure is repeated for each of four regions of Alaska. Since data is collected as a stratified sample, i.e. stratified per region of the state, weights are computed based on the sample and population distribution of each region. Data from all regions are combined to form the total state's data for Alaska.

Thus, this weighting adjusts not only for variation in selection and sampling probability, but also for demographic characteristics in each region of the state. If the data were not weighted, projections could not be made from the sample to the region or to the general population.

In 1992, survey results were weighted using 1990 Census data for Alaska from the U.S. Census Bureau, Population Division, Estimates Branch; Alaska Department of Labor, Research and Analysis, Demographic Unit.

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